

U.S. Army NAF Employee Benefits Program

Civilian Personnel Office Desk Reference

Effective 1 January 2000



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Web Forms Attached

DA 3473 Pt I and II
 401(k) Enrollment Form
 401(k) Payout Form
 DA 3715-R
 Spousal Waiver Form
 Disability Request Form EBB Form 766-R
 Statement of Intent to Purchase Military Service Credit
 Application to Make Deposit for Military Service Credit
 Estimated Earnings During Military Service
 Election to Retain Army NAF Retirement Coverage Portability Form
 Aetna Claim Form

Employee Benefits

Civilian Personnel Office Guidance For All New Regular Employees

Purpose: This guidance booklet provides general provisions and administrative procedures for employee benefit programs for eligible employees of the US Army Nonappropriated Fund Instrumentalities (NAFIs).

Eligibility: All regular full and part time Army Nonappropriated Fund employees, including limited tenure but excluding flexible appointments and all off-duty military personnel.

The Army also is executive agent for NAFIs of the Department of Defense, the Defense Logistics Agency, Defense Mapping Agency, Defense Intelligence Agency, National Security Agency, Civilian Marksmanship and the DOD Concessions Committee. Also covered under these programs are civilian NAFIs on Army installations (such as post restaurants and civilian welfare funds controlled by the board of directors, Army & Air Force Civilian Welfare Fund and civilian employees affected by PL 101-508, Portability of Benefits for Nonappropriated Fund Employees Act of 1990, and P.L. 104-106.)

General: The **U.S. Army Group Medical, Dental, and Life Insurance Plan** is designed to provide NAF employees with liberal medical insurance benefits and life insurance protection at a moderate cost to the employer and employee on an annually determined, cost shared basis.

The U. S Army NAF Retirement Plan is designed to give retirement income benefits to NAF civilian employees. These retirement benefits, when combined with social security benefits, give retired or disabled NAFI employees, or their eligible survivor, a degree of financial security. **The U.S. Army NAF 401(k) Savings Plan** is designed to function as a qualified tax deferred plan and is intended to provide eligible employees with an attractive, convenient, tax deferred way to save additional amounts for retirement.

Commanders, civilian personnel officers and NAFI managers are required by Headquarters DOD to:

- 1). Provide administrative support for the employee benefits programs,
- 2). Provide benefits counseling of all programs to the newly hired and separating NAF employee,
- 3). Send reports as required,
- 4). Pay promptly for the coverage's provided, and
- 5). Publicize the Employee Benefits Programs to all regular Army NAF employees.

Employee Benefits Web Site: Employee Benefits has a web site which contains current information, new Employee Benefit releases, updated Travel Guides for Medical, Life, Retirement and 401(k), retirement projection planning worksheets, 401(k) projection worksheets, direct access to on-line 401(k) accounts through Fidelity Investments Inc., updated CPO desk reference, current open season booklet and general information about the Army NAF Employee Benefits Program. You can also email us directly from our web site.

The website address is:
www.NAFbenefits.com

Retirement Plan



Defined benefit plan that is available through payroll deduction , currently 2% contribution required by the employee and 6.5% required by the employer. At retirement, minimum ages 50 with 20 years of participation or 52 with 5 years of participation, the retiree will receive a monthly benefit for the rest of his or her life that is computed based on the retiree's Hi-3 year's average annual salary, accumulated sick leave and years and month's of participation in the Plan (creditable service). If the retiring employee's highest 3 year average annual salary span, is other than the last 3 years of

employment, the benefits office must be notified. The W-2 salary information will need to be obtained for the prior timeframe in order to issue the correct benefit. If the employee does not have W-2 records and his/her Hi-3 salary period was other than the last 3 years of employment, inform the employee that it may take weeks to obtain the records. **(A Microsoft Excel 6.0 Program to run a Normal, Early or VERA retirement projection is also contained on the diskette that this document is contained and at www.nafbenefits.com)**

Normal and Survivor Benefit: The retiree in most cases will receive his/her contributions in full within 1 to 2 years of monthly annuity payments, so after that, the retiree's monthly annuity is paid by the Plan for the rest of his/her life:

(For example, a participant who is age 62, salary each year was \$20,000.00, participated 20 years and contributed 2% per year (\$400 annually), would receive an estimated monthly annuity of \$433 from age 62 until death. After 26 months of retirement, all contributions and interest the retiree contributed to the plan will be returned through monthly payments, therefore from age 64 and 2 months for the rest of that retiree's life, the plan will pay \$433 per month, plus an annual Cost of Living Adjustment (COLA). Upon the retiree's death, the plan will pay the surviving spouse 55% of the retiree's benefit for the rest of his/her life too! If that retiree lived until age 90, the Plan will have paid the retiree \$72,744.00 plus COLA from age 64 through age 90! Then, if the retiree had a spouse who was age 80 at the retiree's death and he/she lived another 10 years, the Plan will have paid the spouse an estimated additional \$25,980.00 plus COLAs!)

To review the Plan's formula, you must reference the **Army NAF Employee Benefits, Retirement Plan Summary Plan Description, Effective 1 January 2000** and available at www.nafbenefits.com .

This program is an excellent way to begin retirement planning at a very minimal cost. For example: The same employee mentioned above making \$20,000.00 annually, will contribute only **\$15.38 every payday** to the Plan. Employees may only

stop contributing to the Plan once, after stopping a second time, the employee is never permitted to participate in the plan again.

Early Retirement Benefit--This benefit is the same calculation as the normal annuity benefit, except that it is reduced by 4% for each year the retiree is under age 62 at retirement. (For example, the employee elects to retire at age 52 with 5 years participation in the Plan, his/her benefit will be reduced by (4% times 10 years or 40%.) However, the Plan will pay a supplemental early retirement benefit (**SERB**) in addition to the reduced monthly benefit, until age 62. At age 62, the **SERB** will stop. There are two age and creditable service combinations for early retirees in which their benefit will not be reduced. If the employee retires at any age on or after 55 with 30 years of creditable service, or any age on or after age 60 with 20 years of creditable service. Sick leave cannot be used to help reach the service requirement for one of the aforementioned combinations. The service must be actual years participated in the Plan and age must be attained by the employee's separation date. To review the SERB formula, you must reference the **Army NAF Employee Benefits 401(k) Savings Plans Booklet, edition January 1, 2000.**

Non-Redeposit of Refunds- Effective 1 Jan 98.

Effective 1 Jan 98, participants of the retirement plan are no longer required to buyback prior credited service, after a refund has been issued. The benefits office will actuarially reduce the benefit to account for the missing contributions and interest. In many instances, the employee will benefit more by NOT re-depositing a prior refund!

Military Retirement Service Credit— Effective 1 Jan 98.

See Supplement at the end of the retirement section

Voluntary Early Retirement Authority (VERA) and Discontinued Service Retirement (DSR)--Effective 1 Jan 97, a VERA and DSR was added to the Retirement Plan.

a. **VERA**--Each activity in which VERA was requested must meet a 5%

reduction in force. . All requests for VERA/DSR must obtain prior approval from the Assistant of the Army (Manpower and Reserve Affairs) ASA M&RA. Eligibility requirements are 25 years of credited service and any age, or age 50 with 20 years of credited service. Participants who are approved for VERA and meet eligibility requirements, will have their benefit reduced by 2% per year for each year the participant's age is less than age 55. Regular early retirement reductions are 4% per year from age 62. A VERA projection is enclosed on the diskette that contains this document. The file is a Microsoft Excel 6.0 Worksheet entitled retrpro98.xls. This spreadsheet is also available at www.nafbenefits.com

b. **DSR**--The employee must have been participating in the retirement plan for at least one year within the 2 year period immediately preceeding separation upon which the annuity is based. The employee must be at least age 50 and have 20 years of creditable service in the Army NAF Retirement Plan or have participated 25 years in the Army NAF Retirement Plan and the employee must be facing involuntary separation through BBA (Business Based Action). The reduction is the same as described under VERA.

Survivor's of Early Retirees--The surviving spouse of an early retiree is entitled to 55% of the SERB amount until the 62nd birthday of the retiree, had the retiree lived. This SERB amount is in addition to the 100% option or 55% option which was elected by the retiree on his/her option papers. If the spouse signed a waiver form at the employee's retirement, this section will not apply to the survivor.



Disability Benefit: The Plan also provides a disability benefit . Approved disabilities can begin at any age if the employee has participated in the Plan for at least 5 years. Employees over age 52 are eligible for disability benefits if they participate in the plan for the 12 months immediately preceding disability retirement. If an employee is disabled, the CPO will provide the EBB Form 766R to the employee and the attending physician for completion. EBB Form 766R is a reproducible form located in the back of the

Army NAF Life Insurance Plan Booklet or the Retirement Plan Booklet, edition January 1, 2000.

Survivor of a Disability Retiree-- The survivor is entitled to 55% of the retiree's disability benefit for the rest of his/her life. If the survivor receives the retiree annuity check after the death of the retiree, the check is to be returned to the disbursing agent, John Hancock Financial Services. The return address is located with the annuity check.

Buyback of Credited Service for Re-hired

Army NAF employees

Army NAF employees who are re-hired and participated in the Army NAF Retirement Plan during their former period of employment, and received a refund of contributions and interest, are eligible to "buyback" their credited service within 2 years of Army NAF re-employment. The employee must pay all contributions and interest within 2 years of his/her rehire date. Effective 1/1/98, employees are not required to "buyback" prior credited service. The employee will still be eligible for the credited service and the retirement plan will actuarially reduce the benefit, to make up for the missing contributions and interest. The amount due to buyback service will be the amount of the original contributions & interest which were refunded to the participant plus 3% interest compounded annually up to 2 years after re-hire in an eligible position, plus 8% interest compounded annually for each year after that. The employee should make his/her request to buyback service to the Employee Benefits Office.

Re-hired Pensioners--Retirees who are receiving a monthly annuity benefit from the U.S. Army NAF Retirement Plan, who are rehired in a regular Army NAF position, must cancel their annuity benefit. It is against Army Regulations to be eligible to participate in the Retirement Plan and receive a monthly annuity check. Retirees who elect not to participate in the Retirement Plan upon rehire, are still required to stop their annuity benefit for the duration of their regular re-employment. CPO must contact the employee benefits office when a retiree has been rehired in a regular NAF position and complete DA Form 3473 indicating a re-hired annuitant. Flexible appointments for retirees permit the

retiree to continue receiving their monthly annuity benefit.

Retirement Projections: The diskette which contains this document also contains user friendly retirement projection spreadsheets. The projections have been created as Microsoft Excel Version 6.0 Spreadsheets. The retirement projection spreadsheet is entitled **retpro2k.xls**. The type of projections on the file are Normal, Early and VERA. The 401k projection is entitled **401pro2k.xls**. You may enter the employee's current 401(k) balance and then run 2 separate investment scenarios, between 1% and 22% deferrals. This spreadsheet is also available at www.nafbenefits.com

Portability of Retirement Benefits Between NAFIs of different branches of the Armed Forces (AAFES, Marines, Air Force, Navy, Navy Exchange or Coast Guard)--

a. When a RFT or RPT(AAFES RPT employees are not for benefits) DoD Component NAFI employee, who is participating in the Component's NAFI retirement plan, terminates employment (for reasons other than retirement) and is employed by another DoD Component NAFI within 90 calendar days, and the gaining NAFI offers a different retirement plan, the employee will carry forward his/her credited service accrued for retirement annuity purposes. The re-employed employee shall carry forward all prior credited service as accrued up to the date of termination or subsequent termination. This is not applicable for transfers which occurred between August 1975 and April 1983, except for transfers of function or reduction in force. (Exception: If the gaining NAFI retirement plan does not cover part-time employees, then crediting part-time service from a different NAFI is not required).

b. Upon retirement from the gaining DoD Component NAFI, the employee's retirement annuity shall be the same as if the entire period of combined creditable RFT NAFI service had been creditable under the gaining DoD component NAFI retirement plan. The retirement annuity determined under the gaining NAFI retirement plan shall then be reduced by the amount or amounts that would be payable under the losing NAFI retirement plan or plans.

c. When the employee terminates employment with the losing NAFI before becoming vested, the employee will not be entitled to any benefits from the losing NAFI, except for a withdrawal of his or her own contributions. However, credited service rendered for the losing NAFI shall be carried forward and counted when determining the employee's accrued benefits and shall further be counted in determining the employee's position on the vesting schedule of the gaining NAFI retirement plan. (However, the position on the vesting schedule is not applicable for determining any eligibility for a disability annuity, as the requirements for such vesting are those of the gaining NAFI's retirement plan only.) When such terminated employee withdraws his or her contributions before becoming vested in the losing NAFI's plan, the retirement benefits due from the gaining NAFI plan will be reduced and offset by the amount which follows:

The gaining NAFI's retirement plan computation will be used. It will be based on all accrued credited service earned from both DoD Component NAFI's retirement plans (the losing and the gaining), and will be offset by the amount which would be payable under the losing DoD component NAFI at age 62.

The actual losing NAFI annuity calculation will be based on the annuity formula in effect at the time of termination of employment from the losing NAFI.

c. When an employee is not vested with the losing NAFI's retirement plan, the losing NAFI must compute a retirement benefit under its retirement calculation anyway. This figure, which in most cases will be very small, will be supplied to the gaining NAFI by the Employee Benefits Office. The gaining NAFI will use this figure to offset from its benefit. CPOs should contact the Employee Benefits Office when an employee is transferring to another DoD component NAFI so the benefit can be computed at the time of move between components.

d. Vested employees in the losing NAFI's retirement plan may not elect to receive their annuity from the losing NAFI's plan,

until they retire from the gaining NAFI's plan.

e. If a vested employee has reached the minimum age requirement to elect an annuity on the date of the move between components, and elects said annuity to begin on that date, then credit for prior service will not apply to that individual. This employee will be treated as a new hire at the gaining DoD component NAFI as if he/she never had any prior NAF service.

f. The employee and employer contributions from losing DoD component NAFI retirement plan, WILL NOT be used to fund the gaining DoD component NAFI retirement plan. The employee and employer contributions will remain in their respective retirement funds. **The prescribing directive is DoD 1401.1M Personnel Policy Manual for NAFIs, Edition December 1988.**

**Portability of Benefits for
Nonappropriated Fund Employees
NAF to APF or APF to NAF**

1. Public Law 104-106, The National Defense Authorization Act for Fiscal year 1996, permits certain employees to combine their FERS/CSRS vested service under NAF. A NAF employee can elect to combine APF service in a NAF plan if all six of the following conditions are met

a. the qualifying move was not from Civil Service Retirement System to NAFI system.

b. the employee was vested in the APF retirement system prior to moving to NAF.

c. the qualifying move occurred after December 31, 1965 and before August 10, 1996.

d. the employee began employment in the NAFI retirement system no more than 1 year after separating from APF employment

e. the employee remained continuously covered by the NAFI retirement system since the date of the qualifying move and

f. the employee has not had a prior opportunity to elect to remain in the NAFI retirement system and combine past APF service with NAFI service after the qualifying move. However to qualify to remain in NAFI retirement and combine past APF retirement service, only the first 5

conditions must be met. This means that if a NAF employee had a previous opportunity to elect the APF retirement system, he/she is not precluded from combining creditable, vested APF/FERS service under the NAFI retirement system.

2. **Public Law 101-508** as amended by P.L. 104-106, permits vested civilian employees of NAF Retirement Plans and the Civil Service Retirement Plan (**CSRS**) or the Federal Employees Retirement System (**FERS**), to retain retirement credit from previous positions when they move between Appropriated and Nonappropriated positions without a break in service of more than three calendar days. The Act allows vested Nonappropriated Fund (**NAF**) employees who move to an appropriated fund (**APF**) position, the opportunity to make a one time election to retain coverage in their NAF Employee Retirement and 401(k) Savings Plans, if elected within 30 days. It also allows APF employees who move to a NAF position the opportunity to make a similar one time election to retain coverage under the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS) if they have five years creditable service and also elect to remain in the Thrift Savings Plan (**TSP**). Employees are prohibited from concurrent participation in either the US Army NAF Employee Retirement Plan or the US Army NAF 401(k) Savings Plan if they are participating in the CSRS or FERS and vice versa.

3. All other vested transferred positions require completion of **Form NAF-CSRS, edition August 96**. This form is available at the end of this document. This form contains a lifetime election. If the vested NAF employee elects to retain participation in the NAF Retirement and 401(k) Savings Plan, he/she will never be eligible to participate in FERS for the rest of his/her career within DoD. The same rules apply for vested Civil Servants who elect to retain participation in the CSRS and FERS and the Thrift Savings Plans, can never participate in the NAF Retirement Plans for the rest of his/her working career within DoD. This form is required and must be submitted with DA Form 3473 at the time of movement between the systems, to the Employee Benefits Office.

4. Civilian Personnel Offices must notify servicing payroll offices of employee's retirement election via **SF 50** action. The

applicable NAF retirement plan must be annotated as a remark.

5. The DFAS directive for Army NAF benefits payroll deductions are as follows: Army NAF Employee & Employer Retirement Plan deductions and 401(k) Savings Plan Employee & Employer Contributions must be made biweekly and submitted to the following address biweekly: NAF Financial Services, ATTN: Retirement Portability Desk, PO Box 6111, Texarkana, TX 75505-6111. **DFAS instructions dictate frequency to be biweekly to arrive not later than 3 work days after the official pay day of the submitting payroll office.** Media: Data: Hardcopy report with detailed instructions for deductions if more than one biweekly payperiod is enclosed. Funds: U.S. Treasury check addressed to the Reporting Location. Remitting instructions in detail are located at www.nafbenefits.com

6. The new APF employee who elects to retain coverage in the Army NAF Retirement Plan and 401(k) Savings Plan, may desire to increase or decrease employee deferrals in the 401(k) Savings Plan. The servicing APF CPO must coordinate completion of the 401(k) Enrollment Form changes with the servicing APF payroll office that submits the time and attendance biweekly to the servicing Defense Finance Accounting Service (DFAS) office via DCPS. Any address changes must be completed on DA Form 3473 part I and the Army NAF 401(k) Enrollment Form and coordinated with the servicing APF payroll office. The servicing APF office must alert the Portability Desk in Texarkana, Texas of the address change. Additionally, the Employee Benefits Office must receive a copy of the address change for their records.

7. The APF employee participating in the Army NAF Retirement Plan and 401(k) Savings Plan, is eligible for the Civil Service medical and life extension plans provided the minimum participation requirements have been met. Army NAF medical and life plan participation time can be used to meet the APF required participation time. These employees are not eligible for the Army NAF medical and life extension plans at retirement.

The prescribing directive is: The Army NAF Employee Benefits Retirement

Plan Booklet, effective date January 1, 2000 and the Army NAF Employee Benefits 401(k) Savings Plan Booklet, effective January 1, 2000, AR 215-3 and the DFAS Memorandum, SUBJECT: Guidance for DoD Employee Benefit Portability, dated 23 DEC 91 and Memorandum dated 3 September 96, Signed by Ms. Carol Ashby Smith, Subject: Elections of Retirement Coverage by Current and Former Nonappropriated Fund (NAF) Employees.

**08 JUL1998 SUPPLEMENT TO
U.S. ARMY NAF EMPLOYEE BENEFITS
PROGRAM CIVILIAN PERSONNEL
OFFICE DESK REFERENCE
Military Service Buyback Procedures**

SUBJECT: Procedures for Requesting, Funding and Crediting Certain Military Service in the U.S. Army Nonappropriated Fund Employee Retirement Plan

1. Background and Authority: In its 14 Oct 97 meeting, the MWR Board of Directors approved recognition of certain military service of participants in the US Army Nonappropriated Fund Employee Retirement Plan (the Plan). A Plan amendment to accomplish this change is effective 1 Jan 98.

2. Applicability: This change to the Plan may only affect eligible actively employed and contributing participants prospectively from 1 Jan 98. (Note: employee eligibility for retirement plan participation is covered elsewhere in this desk reference.)

3. Purpose: The intent of this supplement to the Desk Reference is to establish procedures under which eligible participants in the Plan may receive credit in the Plan for qualifying honorable, active duty service in the Armed Forces of the United States.

4. Affect on Qualifying Service for Retirement: Military service credited will be for benefit **computation and entitlement** purposes.

5. Affect on Benefit Payable from the Retirement Plan: Qualifying military service that becomes creditable under this guidance is combined with existing credited service for the purpose of **computation and**

entitlement purposes of the participant's (or survivor's) benefit.

6. Eligible Military Service: Participants in the Plan may receive credit for benefit **computation and entitlement purposes** for qualifying military service not to exceed five (5) years. Qualifying military service can become credited service under the Plan by meeting all of the following requirements:

a. The service must have been terminated under honorable conditions in the Armed Forces of the United States listed below:

- (1) Army;
- (2) Navy;
- (3) Air Force;
- (4) Marine Corps;
- (5) Coast Guard.

b. The following types of separations are honorable:

- (1) Under honorable conditions;
- (2) Separation because of hardship;
- (3) Transfer to retired list because of age or disability;
- (4) Transfer to Fleet Reserve;
- (5) Furlough to Reserve Forces;
- (6) General discharge (under Honorable Conditions) and
- (7) Death in action.

c. The military service may not be used previously, concurrently, or subsequently for either entitlement or computational purposes in any other retirement system or retirement plan including, but not limited to the Retirement System of the Armed Forces of the United States (except for individuals receiving military retired pay awarded on account of a service-connected disability incurred in combat with an enemy of the United States or on account of a service-connected disability caused by an instrumentality of war and incurred in the line of duty during a period of war, or under the provisions of 10 United States Code 1331-1337, Chapter 67 which grants retired

pay to members of reserve components of the armed forces on the basis of age and service), the Civil Service Retirement System, or the Federal Employees' Retirement System, the retirement systems of any other nonappropriated fund instrumentalities of the United States, of any State or instrumentality thereof or any municipality or instrumentality thereof. Military service which has been credited under any of the foregoing will not be creditable under the U.S. Army Nonappropriated Fund Employee Retirement Plan.

(1) The military service must have been performed before the date of the separation from the civilian position from which title to the annuity is based.

(2) The participant must complete a deposit to the Plan as prescribed by the Benefits Program Manager prior to commencement of the benefit entitlement. Survivor(s) of a participant who has provided written notice to the Benefits Program Manager of his/her intent to purchase eligible military service, but has been prevented by separation from completing the purchase transaction, will be afforded an opportunity to complete the transaction in a lump sum prior to commencement of payment of any benefit from the Plan.

7. Procedural Overview: Specific detailed procedures follow later in this supplement. The following is a summary of the process which would routinely lead to crediting of eligible military service to the account of a participant in the Plan:

a. The participating employee begins the process by signing and forwarding the "Statement of Intent" Form Letter and EBB form 2800, "Application to Make Deposit for Military Service" and DD form 214 to the Benefits Program Manager. More detailed procedures are provided later in this supplement if the participating employee does not have DD form 214. Non-participating employees must join the plan and then follow instructions for participating employees. Service will not be credited until the employee has participated 5 or more years.

b. The participating employee must (either concurrent with or after a above) provide documentation of base military pay

for the military service recognized by the Plan.

c. After receiving the information in paragraph 7a and 7b above, the Benefits Program Manager will:

(1) Compute the amount the participant must deposit to the Plan for the military service credit, not to exceed five (5) years.

(2) Advise the participant in writing of the deposit required and various payment terms available to him/her.

(3) Concurrently provide the participant with an estimate of his or her projected retirement calculation with and without the military service at issue.

(4) Require the participant to elect his or her preferred manner of payment of the required deposit by election on the form provided by the Benefits Program Manager. Concurrently, the participant's election authorizes the participant's servicing payroll office (if applicable) to withhold the stated periodic payments from the participant's pay.

d. Upon receipt of the full deposit required, the Benefits Program Manager will:

(1) Provide written confirmation to the participant of:

(a) Receipt of the full deposit;

(b) Adjustment of the participant's retirement credited service account for the military service. (Adjustment of credited service will not occur until the employee has participated in the retirement plan for a minimum of 5 years)

(2) Authorize and direct the participant's servicing payroll office to adjust the "cumulative retirement contributions" field on the participant's earnings and leave statement to reflect the deposit for military service.

8. The detailed procedures follow on the next page.

Detailed Procedures for
Requesting, Funding and Crediting
Certain Military Service
in the

U.S. Army Nonappropriated Fund Employee Retirement Plan

1. Employee/Participant must:

a. Sign Statement of and submit it to the Benefits Program Manager with:

b. Submit the following documentation:

(1) A completed EBB Form 2800, "Application to Make Deposit for Military Service Credit to the U.S. Army Nonappropriated Fund Employee Retirement Plan"

(2) DD Form 214, "Certificate of Release or Discharge from Active Duty,"

NOTE==> If DD Form 214 is not available, the employee may obtain a copy from the appropriate military records center by submitting SF 180 and

(3) Acceptable base pay documentation as follows:

(a) Actual pay records for the entire period of military service attached to EBB form 2800 or

(b) EBB Form RI 20-97
(Estimated Earnings during Military Service)

2. Upon receipt of the information and documentation in paragraph 1 above, the Benefits Program Manager will compute the amount due (the deposit) for the military service credit in the following manner:

a. The Benefits Program Manager will compute seven percent (7.0%) of base military pay for entire period of creditable military service. If the participant has more than five (5) years of service, the Benefits Program Manager will compute seven percent (7.0%) of the lowest salaried five (5) year period of military service.

b. If the entire deposit is not paid within the time period described below, the Benefits Program Manager will compute interest at eight percent (8.0%) compounded annually:

(1) for employees or for participants who were participating in the Plan on 1 Jan 98, interest is first added to the unpaid balance of the deposit on 1 Jan 2001.

(2) for employees or participants whose entrance on duty date is 1 Jan 98 or later, interest is first added to the deposit and computed on the unpaid balance of the deposit three (3) years from the participant's entrance on duty date.

c. If an employee wants to make the deposit through payroll deduction over a period of time, the Benefits Program Manager computes the interest amount due through the period of time stated by the employee. The Benefits Program Manager divides the deposit by the number of payperiods covering the period selected by the participant. This is the biweekly amount due for that period of time. Minimum biweekly payment amount is \$25.00. If the biweekly payment is insufficient to complete the entire deposit during the interest free time period, interest will be required only on the balance remaining at the end of the interest free time period. The Benefits Program Manager will provide the participant with payment election of a biweekly payment or one lump sum payment.

3. The Benefits Program Manager provides the participant with a projection of his or her estimated pension benefit with and without military service credit and a separate projection including military service credit assuming the participant's salary increases on an average of two percent (2.0%) per year. The participant can then compare the projected estimated monthly annuity benefit with and without the military service credit.

4. Military service will not be credited until full payment of the deposit has been received by the Benefits Program Manager. If the participant has not paid for the whole period of military service by his/her separation date, he/she (or the survivor(s) if applicable) will be afforded an opportunity to deposit any balance remaining in a lump sum. If the remaining balance is not paid by the participant or survivor(s) in a lump sum, all partial payments received by the Benefits Program Manager through the separation of the participant will be refunded to the participant or survivor(s) as appropriate without credit for the military service. Additionally, military service will not be credited until the employee has participated in the retirement plan for a minimum of 5 years. If employee separates before participating in the retirement plan for a minimum of 5 years, he/she will receive a full refund of the military service credit

deposit and contributions to the retirement plan.

5. Military service deposits will not be required for periods of military service before 1 Jan 57. Participants must submit proof of military service in accordance with above instructions. Employees must participate in the retirement plan for a minimum of 5 years to received free credit for military service prior to 1 Jan 57.

6. Point of Contact for the Benefits Program Manager is the Retirement Supervisor: Ms. Patricia Nadeau 703-681-7264. Toll free U.S. 1-877-384-2340; from Germany 0800-2255-288-877-384-2340; from Japan 005-39-111-877-384-2340; Korea on base 550-4663-877-384-2340 or off base 0072-911--877-384-2340; Italy 172-1011-877-384-2340; England 0800-013-0011-384-2340; Netherlands 06-022-9111-877-384-2340; Belgium 0 800-100 10-877-384-2340; Panama Canal Zone 00-800-001-0109-877 384-2340.

June 6, 2000

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Amendment to U.S. Army NAF Employee Retirement Plan

On May 24, 2000, the Commander, U.S. Army Community and Family Support Center, approved Amendment Six to the U.S. Army NAF Employee Retirement Plan, which authorizes retroactive enrollment in the plan under certain narrowly defined circumstances. The amendment also makes Retirement Plan participation mandatory for new employees during their first six months of service effective January 1, 2001.

Attached is a copy of the procedures established by the NAF Employee Benefits Office for requesting retroactive service credit. Procedures for mandatory participation in the plan will be issued at a later date. Questions regarding these procedures should be directed to Ms. Pat Nadeau, DSN 761-7264 or COM (703) 681-7264.

/signed/
Sandra G. Curran
Chief, NAF Personnel Policy
and Program Division

Enclosure

DISTRIBUTION:

U.S. ARMY EUROPE AND SEVENTH ARMY, ATTN: AEAGA-CN

COMMANDER

U.S. ARMY FORCES COMMAND, ATTN: AFPI-CPS

U.S. ARMY MATERIEL COMMAND, ATTN: AMCPE-C

U.S. ARMY TRAINING AND DOCTRINE COMMAND, ATTN: ATBO-C

U.S. ARMY MILITARY DISTRICT OF WASHINGTON, ATTN: ANCP-ZA

U.S. ARMY MEDICAL COMMAND, ATTN: MCPE-C

U.S. ARMY PACIFIC COMMAND, ATTN: APPE-CP

U.S. ARMY SOUTH, ATTN: SOPR-AD

U.S. ARMY TEST AND EVALUATION COMMAND, ATTN: CSTE-PR

EIGHTH U.S. ARMY, ATTN: FKCP-SES

DEPARTMENT OF ARMY DEFENSE INTELLIGENCE AGENCY, ATTN: DAH-4

SUPERINTENDENT, U.S. MILITARY ACADEMY, ATTN: MACP

DIRECTOR

DEFENSE LOGISTICS AGENCY, ATTN: CAHS

**SUPPLEMENT TO
U.S. ARMY NAF EMPLOYEE BENEFITS PROGRAM
CIVILIAN PERSONNEL UNIT DESK REFERENCE**

SUBJECT: Implementation Guidance--Retroactive Enrollment in the U.S. Army Nonappropriated Fund Employee (NAF) Retirement Plan

1. The U. S. Army NAF Retirement Plan (the plan) has been changed effective 1 Jun 2000, subject to impact implementation and bargaining where applicable. This change permits qualifying active employees to apply for retroactive credit in the plan if they meet certain criteria. Implementation of the change requires timely and effective action by NAF Civilian Personnel Units to ensure employees potentially affected by this change are appropriately identified and provided notification of this opportunity.

2. Qualifying Requirements. To be eligible to apply for credit in the plan under this change, employees must meet all of the following qualifying criteria.

a. Employees must have undergone initial appointment to a regular NAF position which would have qualified them for participation in the plan on or between 1 April 1981 and 31 Dec 2000.

b. Employees must not have personally signed a DA Form 3473 declining participation in the plan within the first 30 days following initial appointment. The thirty day period is used for screening purposes only, since retirement credit is computed in whole months. There is no implication that initial processing and completion of DA 3473 must occur within thirty days.

(1) Any employee without a personally signed DA Form 3473 in their Official Personnel File (OPF) specifically declining participation, as indicated by a check mark in the appropriate block on the form, and dated within the first 30 days of appointment, is eligible to apply for retroactive credit.

(2) Any employee with a DA Form 3473 in their OPF dated during the first thirty days following their initial appointment declining participation, but not signed personally by the employee, is eligible to apply for retroactive credit. Such forms signed "administrative action" or in some similar fashion and placed in an eligible employee's OPF by Civilian Personnel Office representatives do not qualify as having been personally signed by the employee.

c. Any employee with a personally signed DA Form 3473 in their OPF declining participation, as indicated by a check mark in the appropriate block on the form, and dated within the first 30 days of appointment is not eligible to apply for retroactive credit.

CFSC-HRB

SUBJECT: Implementation Guidance--Retroactive Enrollment in the U.S. Army
Nonappropriated Fund Employee (NAF) Retirement Plan

3. Qualifying periods. Employees who meet the requirements of para 2, above, may request retroactive credit for all periods of active Army qualifying civilian service from date of initial appointment as a regular NAF employee to the earlier of:

(a) enrollment in the plan as evidenced by execution of a DA Form 3473 electing to participate in the plan, or

(b) declination of participation in the plan as evidenced by a personally signed DA Form 3473 declining plan participation and dated 31 or more days following initial appointment as a regular NAF employee.

4. Procedures.

a. NAF Civilian Personnel Units will screen the OPFs of all serviced NAF employees currently in an active employment status, including those employees with prior NAF service who rejoin NAF employment before 31 December 2000, and identify any employees who meet the criteria in para 2 above (see the eligibility table at enclosure 1). CPUs will need to be particularly alert to employees who may be departing NAF employment during the period 1 Jun 2000 through 31 December 2000 through retirement or other action as this opportunity may create a benefit for which the departing employee may want to apply. They will then notify the employee that they have been identified as potentially being eligible for retroactive credit in the retirement plan using the notification letter at enclosure 2.

b. Employees identified and notified will be required to complete an **Application for/Declination of U. S. Army NAF Retirement Plan Retroactive Service Credit** (enclosure 3) acknowledging they have been advised of their eligibility to apply for the potential retroactive service credit and either declining or applying for the credit.

(1). Employees who decline participation. Each **Application for/Declination of U. S. Army NAF Retirement Plan Retroactive Service Credit** for employees declining participation will be **attached to** DA Form 3473 and forwarded to Commander, U. S. Army Community and Family Support Center, CFSC-HRB, 4700 King Street, Alexandria, VA 22302. A copy must be filed in the permanent section of the employee Official Personnel File.

(2). Employees who apply for retroactive credit. Each **Application for/Declination of U. S. Army NAF Retirement Plan Retroactive Service Credit** for employees electing to apply for the credit will be forwarded to: Commander, U. S. Army Community and Family Support Center, CFSC-HRB, 4700 King Street, Alexandria, VA 22302. CPUs will enclose to the application the documentation cited in (a) and (b)

CFSC-HRB

SUBJECT: Implementation Guidance--Retroactive Enrollment in the U.S. Army
Nonappropriated Fund Employee (NAF) Retirement Plan

below. A copy of the completed **Application** will be filed in the permanent section of the employee Official Personnel File.

(a) copies of all DA Forms 3473 in the employee's OPF up to and including the first election to participate in the retirement plan, if the employee elected to participate in the plan, or the first signed declination of participation, whichever comes first.

(b) Copies of DA forms 3434 reflecting initial rate of pay and any changes thereto for the periods covered by (1) above. Individuals applying for credit for service as a regular part-time employee will be required to submit evidence of W-2 wages attributable to NAF employment for periods in question. Reports of individual earning and benefits from the Social Security Administration will be acceptable for evidence of W-2 wages in the event employee records are unavailable.

c. The Army NAF Employee Retirement Plan administrator will review the applications of all employees who apply for retroactive service credit. If the administrator's review of submitted documentation, and other documentation available in the Army NAF Employee Benefits office, substantiates the employees' entitlement to the retroactive benefit, the administrator will advise employees of the amount of employee contributions and interest due for the periods of service to be credited. Interest on principal amounts due will be computed using the rates at enclosure 4 and compounded annually. (These rates are either 0, or the rate of return earned by the plan's investments for the period shown.) He will also advise the employee that service credit for all periods of creditable retroactive service cannot be partially purchased.

d. On receipt of notification of amounts due, employees desiring credit will return full payment immediately within 30 days to the plan administrator. In the event the employee is unable to make payment in full within 30 days, they may request the plan administrator approve an extended payment schedule by reason of hardship or inability to pay all at one time. The benefits plan administrator may approve a requested repayment schedule over any period not to exceed 24 months plus 30 days from date of initial notification. Additional interest will accrue on the unpaid balance during the repayment period at the rate of 8% per year compounded monthly.

e. In the event an eligible employee elects retroactive credit and makes, or agrees to make up employee contributions and interest, the employing Nonappropriated Fund Instrumentality (NAFI) will also be required to make up employer contributions and interest. NAFI's will be advised of the amount of contributions and interest due once employees have made their election and made or initiated payment of employee contributions and interest. Employing NAFIs are required to submit payment within 30 days of notification of the amount due for each employee.

CFSC-HRB

SUBJECT: Implementation Guidance--Retroactive Enrollment in the U.S. Army
Nonappropriated Fund Employee (NAF) Retirement Plan

f. After initial screening of active eligible employees on board as of 31 December 2000 or before, NAF CPU's will establish procedures to screen all employees who return to NAF employment on or after 1 January 2001 who have prior NAF service. Those who are eligible to apply for retroactive credit will be identified and processed as outlined above. Separately, CPUs will be given guidance on an additional retirement plan change that will make retirement plan participation mandatory effective 1 January 00 for the first six months of employment for all employees undergoing initial appointment to an eligible employment category.

5. Reports. NAF CPU's will be required to submit a report due no later than 15 February 2001 with an as of date of 31 December 2000, detailing the following.

a. Social Security Numbers and names of all employees screened from 1 June 2000 to 31 December 2000.

b. Annotation of those in a. above who were identified as potentially meeting the criteria and the date those employees were notified of their potential eligibility for this benefit.

c. Annotation of those in b. above who have applied for retroactive credit by submission of the **Application for/Declination of U. S. Army NAF Retirement Plan Retroactive Service Credit** and of those who have declined to apply for retroactive credit and signed the **Application** so indicating.

6. In the event of any conflict between this guidance and the plan document, the plan document will prevail.

7. Point of contact at CFSC for this action is Mr. Ron Courtney, Comm 703-681-7260, DSN 761-XXXX; e-mail: ronald.courtney@cfsc.army.mil, FAX: x-7349/7369.

**NAF Retirement Plan
Retroactive Service Credit Eligibility Table
April 2000**

Employee is	Appointment Status	Army NAF Retirement Plan Participation Status	Date of Initial Appointment to a regular position was on or between	Condition	Employee Eligibility
Current Active NAF Employee	Regular	Active, Inactive, or have never participated	1 April 1981 and 31 December 2000	DA Form 3473 dated within 30 days of date of initial appointment to a regular NAF position declining participation in OPF but not personally signed by employee (e.g., no employee signature; signed “Administrative Action”, or in some similar fashion.	Employee eligible to apply for creditable service
				DA Form 3473 dated within 30 days of date of initial appointment to a regular NAF position signed by employee, but appropriate block specifically declining participation not checked.	Employee eligible to apply for creditable service
				No DA Form 3473 dated within 30 days of initial appointment to a regular NAF position declining plan participation present in OPF	Employee eligible to apply for creditable service
	Flexible (with prior regular service)	Inactive or have never participated	1 April 1981 and 31 December 2000	Not Eligible	
	Flexible (Without prior regular service)	Not Eligible			
Retired NAF Employee	Not Eligible				

**NAF Retirement Plan
Retroactive Service Credit Eligibility Table
April 2000**

Employee is	Appointment Status	Army NAF Retirement Plan Participation Status	Date of Initial Appointment to a regular position was on or between	Condition	Employee Eligibility
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Former NAF Employee	N/A	Not participating or Inactive (in either a "Money on Deposit" or eligible for a deferred benefit status)	Not Eligible		
Active APF Employee	N/A (Former NAF Regular Employee)	Active (Individual elected NAF retirement plan participation under portability of benefits)	1 April 1981 and 31 December 2000	DA Form 3473 dated within 30 days of date of initial appointment to a regular NAF position declining participation in OPF but not personally signed by employee (e.g., no employee signature; signed "Administrative Action", or in some similar fashion.	Employee eligible to apply for creditable service
				DA Form 3473 dated within 30 days of date of initial appointment to a regular NAF position signed by employee, but appropriate block specifically declining participation not checked.	Employee eligible to apply for creditable service
				No DA Form 3473 dated within 30 days of initial appointment to a regular NAF position declining plan participation present in OPF	Employee eligible to apply for creditable service

MEMORANDUM FOR (Employee Name and Address)

SUBJECT: Retroactive Credit in the U. S. Army Nonappropriated Fund Employee Retirement Plan

1. The U. S. Army NAF Employee Retirement Plan (the plan) was recently changed to provide an opportunity to certain eligible employees to obtain retroactive service credit in the plan. This opportunity is available only to those employees who never personally signed a DA Form 3473 within 30 days of initial appointment as a regular NAF employee, explicitly declining participation in the plan.
2. We have reviewed your Official Personnel File (OPF) and determined that you may be eligible to obtain retroactive credit in the plan. Our determination was made based on a review of the documents contained in your OPF. Specifically, we failed to find a properly executed DA Form 3473 that met the criteria of having been personally signed by you within 30 days following your appointment as a regular NAF employee, or which failed to explicitly decline participation in the plan.
3. Based on these circumstances, you are eligible to apply for retroactive credit in the plan. You may apply only for the full period of service for which proper documentation indicates you did not personally elect or decline participation. You may not apply for service credit for only a part of that period. If your application for retroactive credit is approved by the Army NAF Benefits Program manager, you will be required to make up contributions on your earnings for the period of service to be credited, plus accrued interest, until payment is made in full. The benefits program manager will advise you of the amount of make up contributions and interest due following receipt of your application. Because the plan is funded by both you and your employer, your employer will also be required to make up employer contributions and interest.
4. If you do not choose to apply for the credit, you must explicitly decline this opportunity to apply.
5. Please visit our office within the next ten working days to obtain additional information on this opportunity. At that time, you will be advised of the steps necessary to complete and sign the application for this credit. If you do not choose to apply for this credit, you will be required to sign a statement declining the opportunity to do so.
6. Point of contact is XXXXXX, at Tel: XXX-XXX-XXXX.

XXXXXXXXXXXXXXXXXXXX
NAF Civilian Personnel Officer

**Application for/Declination of
U. S. Army NAF Retirement Plan
Retroactive Service Credit**

1. I, (Insert Employee's Name), SSN: (Insert Employee Social Security Number), acknowledge that I have been advised that I may be eligible for retroactive credit in the U. S. Army NAF Employee Retirement Plan (the plan). I have been advised that the period of service for which I may be eligible to obtain credit encompasses the period (date of initial appointment to a regular NAF position) through (earlier of today; or date of first signed explicit declination of plan participation (DA Form 3473); or date of election to begin plan participation (DA form 3473))

2. I understand that my eligibility for this credit, and the period of service for which I may receive credit, if any, will be finally determined only if I apply for this credit and my application is approved by the NAF Benefits Program Manager, who is the administrator for this plan. I understand that I may not apply or receive approval for only part of the period of service for which I may receive credit, but that I must apply to receive credit for the full period of service to which I may be entitled.

3. I understand that if I apply for this credit and my application is approved, I will be required to deposit make up contributions and accrued interest to the plan. Accrued interest is that which results from charging interest, compounded annually, at rates equal to the investment returns earned by the retirement plan. I understand that Interest will be charged on make up contributions from the year such contributions would have been remitted to the plan until the date such contributions and accrued interest have been paid in full, as specified by the NAF Benefits Program Manager.

a. I understand that I will not receive credit for this service if I fail to deposit make up contributions and accrued interest in the amounts due and within the time frames specified by the benefits program manager. I further understand that I need not make a final decision until my application is approved and the NAF Benefits Program Manager has advised me of the amounts of make up contributions and interest due.

b. I further understand that I will forfeit any and all future rights and claims to this service credit if I fail to make up contributions and accrued interest in the amounts due, as indicated by the benefits program manager. In other words, if I don't take advantage of this opportunity now, I may not apply for, or be given the opportunity to obtain this service credit ever again.

4. I understand that I may either accept or decline this opportunity to apply for retroactive credit in the plan.

a. If I accept this opportunity and decide to apply for this credit, I understand that this action may increase the amount of any benefit due to me under the plan, provided I comply with all conditions necessary to obtain this credit, as indicated by the benefits program manager.

b. If I decline this opportunity to apply for this credit, I understand that there will be no increase to any benefit due to me under the plan. I also understand that by declining this opportunity, I am voluntarily forfeiting any and all future rights and claims to this service credit. In other words, if I don't take advantage of this opportunity now, I may not apply for, or be given the opportunity to obtain this service credit ever again.

5. Employee Action (Select either a. or b. below by circling either **accept** or **decline** and crossing out the one not circled)

a. I **accept** this opportunity, and do hereby apply for retroactive credit in the plan. Documentation required by the Benefits Program manager to substantiate this application is attached.

b. I **decline** the opportunity to apply for retroactive service credit in the plan.

6. This document will be filed as a permanent document in the employee Official Personnel Folder.

(Employee Signature) Date: _____

Encl

Documentation Enclosed

- (1. Copies of DA Form's 3473 per Implementation Guidance)
- (2. Copies of DA Form 3434 per Implementation Guidance)
- (3. Copy of personal earning and benefits statement from Social Security Administration (if necessary))

**EMPLOYEE AND EMPLOYER
CONTRIBUTION PERCENTAGES AND INTEREST RATES**

Year	Employee Contribution (% of Salary/Wages)	Employer Contribution (% of Salary/Wages)	Annual Interest Rate
1 Apr 1981- 31 December 1986	3.0%	3.0%	8.00%
1987	3.0%	3.0%	5.30%
1988	3.0%	3.0%	10.00%
1989	3.0%	3.0%	16.60%
1990	3.0%	3.0%	0.0%
1991	2.0%	2.0%	22.73%
1992	2.0%	2.0%	6.04%
1993	2.0%	2.0%	14.63%
1/1/1994-9/30/1994	2.0%	2.0%	1.01%
10/1/1994-12/31/1994	2.0%	6.5%	1.01%
1995	2.0%	6.5%	24.50%
1996	2.0%	6.5%	13.36%
1997	2.0%	6.5%	17.00%
1998	2.0%	6.5%	15.64%
1999	2.0%	6.5%	25.38%
1/1/2000-9/30/2000	2.0%	6.5% ^{1/}	8.00% ^{2/}
10/1/2000-12/31/2000	2.0%	5.5% ^{1/}	8.00% ^{2/}
2001 and beyond	2.0% (Proj.)	5.5% (Proj.) ^{1/}	8.00% ^{2/}

NOTES:

1/ For CY 2000, the employer contribution will be 6.5% through 30 September 2000 and is projected to be 5.5% beginning 1 October 2000. The employer contribution can be revised at any time as necessary to maintain the plan in an actuarially sound financial position.

2/ Interest Rate assessed for make up contributions in CY 2000 and beyond will be 8% until such time as the actual plan return on investment for the year is known at which time the actual return will be used for that year



This Plan is an excellent addition to the Retirement Plan to effectively plan for a comfortable retirement.

All regular employees are eligible to participate in the 401(k) Plan beginning with any payperiod. Participants may contribute from 1% to 22% of their salary into a tax deferred savings plan. The employer will match (give the employee) up to 3% for participating in the plan. The employer match is as follows:



If the employee (EE) contributes the below percentage, the employer (ER) will match with the percentage listed below

EE	ER
1%	1%
2%	2%
3%	2.5%
4%-22%	3%

A good example to present to the employee is the following: If 4% of your salary is \$100.00 and you save this amount in the 401(k) Plan, your employer will give you \$75.00 to save in the Plan.

All deductions will go into the **Retirement Money Market Fund** (lowest risk) until the employee calls **1-800-835-5093 U.S. (Fidelity Investments)**. The Army's Plan number is **90076**. The employee may move funds in whole percentages to any one of the seven investment funds listed later in this section. Various mixtures are permitted amongst all the funds or even just one fund, whatever the participant chooses. The employee may change the investments on the toll-free line as often as daily, although it is not recommended to change funds frequently. The general teaching of mutual funds investing is "**let TIME AND COMPOUND INTEREST work for you**"

Employees may stop contributing to the 401k plan at anytime and may rejoin it again as often as every payperiod. There is no penalty for stopping and re-starting participation.

Withdrawals from 401(k) Savings Plan--



Separating employees are not required to request a payout or rollover. They may leave their contributions in the Plan and pay the quarterly maintenance fee of \$4.25. This fee will be deducted quarterly and shown on the quarterly statement.

When the funds are taken out at separation, the employee must pay tax on the funds and a 10% penalty if the employee is under age 59 1/2. The IRS establishes the rules governing 401k savings plans. The best tax choice at separation or retirement is to roll over the funds into a tax deferred IRA, rather than taking a refund before age 59 1/2.

Fidelity Investments offers a rollover individual IRA with the same investment options available as the NAF 401(k) Savings Plan, plus additional options. Additionally, the Fidelity IRA also offers a monthly benefit option for tax advantage purposes. Separating employees should complete the 401(k) Payout Form and submit to the Employee Benefits Office with DA Form 3473, coded 04.

Servicing civilian personnel offices can order the 401(k) Payout Forms from the Employee Benefits Office and the Fidelity Rollover Forms from Fidelity by using the toll free number.

HARDSHIP WITHDRAWALS: Participants may take a hardship withdrawal if approved by the benefits manager. The IRS permits hardship withdrawals only for the following events:

1. tuition for post-secondary education for the next semester or quarter for the participant, spouse or dependent;



participant will be able to see the trends with each quarterly statement which will be sent to his/her home.

It is very important that the employee understands there are no guarantees on investment earning results. Please read the Fund descriptions later in this section and make sure the employee understands the investment risks and only invests at their own comfort level..

The prescribing directives are: Army NAF Employee 401(k) Savings Plan Booklet, issue date 1 January 2000 and AR 215-3.

Let time and compound interest work in your favor!



Fund Performance Life of Fund

Retirement Money Market 5.54%

A Money Market fund which seeks a high level of current income as is consistent with the preservation of capital and liquidity. It invests in high quality, US dollar denominated money market instruments of U.S. and foreign issuers. While the Portfolio seeks to maintain a \$1.00 share price, there is no assurance that it will be able to do so. An investment in the Portfolio is not insured or guaranteed by the U.S. government. The Portfolio's yield will fluctuate. Retirement Money Market Portfolio is a relatively conservative, low-risk investment.

U.S. Bond Index 8.04%

An income fund. It seeks investment results that correspond to the aggregate price and interest performance of the debt securities in the

Lehman Brothers Aggregate Bond Index. The Aggregate Bond Index is comprised of the Lehman Brothers Government Bond Index, Corporate Bond Index, and Mortgage-Backed Securities Index. Dividend amounts will vary. The Portfolio's share price, yield and return will fluctuate.

Asset Manager 13.92%

An asset allocation fund. It seeks high total return with reduced risk over the long term by allocating its assets among domestic and foreign (including emerging markets which involve greater risks) equities, bonds and short-term instruments. The Fund may gradually shift its assets among and across these groups, within defined ranges, based on the current outlook of the various markets. The Fund will allocate its assets within the following investment parameters: 10-60% in stocks; 20-60% in bonds; and 0-70% in short-term instruments. Over the long term, the Fund's allocation will generally fluctuate around a neutral mix of 40% stocks, 40% bonds, and 20% short-term instruments. Share price, yield and return will fluctuate.

Growth & Income 19.61%

A growth and income fund. It seeks high total return through a combination of current income and capital appreciation. It invests in securities of companies that pay current dividends and offer potential growth of earnings, such as common stocks, securities convertible into common stocks, preferred stocks and fixed-income securities. Dividend amounts will vary. The Portfolio's share price and return will fluctuate.

Growth Company 21.29%

A growth fund. It seeks long-term capital appreciation by investing primarily in common stocks and securities convertible into common stocks. It may invest in companies of any size with above-average growth potential though growth is most often sought in smaller, less well known companies in emerging areas of the economy. The stocks of small companies often involve more risk than those of larger companies. The Fund's share price and return will fluctuate.

Overseas 18.60%

An international growth fund. It seeks long-term capital growth primarily through investments in foreign securities. These investments may include common stock and securities convertible into common stock, as well as debt instruments. Normally, at least

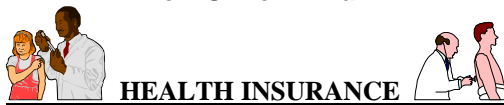
65% of the Fund's total assets will be invested in securities of issuers from at least three different countries outside of North America. It is important to remember that foreign investments pose greater risks and potential rewards than U.S. investments. The risks include political and economic uncertainties of foreign countries as well as the risk of currency fluctuations. The Fund's share price and return will fluctuate

Spartan U.S. Equity Index 18.50%

Spartan U.S. Equity Index fund is a growth and income fund. It seeks investment results that try to duplicate the composition and total return of the S&P 500(r). The fund invests primarily in the 500 companies that make up the S&P 500 and in other securities that are based on the value of the Index. The fund's manager focuses on duplicating the performance and composition of the Index versus a strategy of selecting attractive stocks. The Fund's share price and return will fluctuate

Current information appears in each quarterly statement sent to the participating employees. For daily information call Fidelity's Toll Free Number USA 1-800-835-5093; GE 0130-81-0175; It 1678-74-093; Japan 0031-11 1131; Ne 060-223213; All else call collect 801-534-1910

DoD Uniform Plan



Eligibility-- New employees may sign up for medical insurance within 31 days after starting a regular position or during the Open Season Period only. This coverage is valid for as long as the premium is being paid.

Separation--Separating employees are permitted to purchase the 18 month extension coverage, as long as they were participating in the medical insurance plan, underwritten by Aetna, for the 90 day period immediately preceding separation.

Effective 1/1/2000, no provision is made for continuation of dental insurance, under the temporary continued coverage provision.

Surviving Spouse/Dependents: Effective 1/1/2000, employees who die in service with more than 90 days of participation

in the family DoDHBP on the date preceding the employee's death, medical/dental coverage will be continued for the dependents at no cost to them. The spouse's coverage will cease when the spouse remarries. The spouse's coverage may cease earlier if he/she meets one of these conditions.:

- **If the employee had completed more than 90 days, but less than 15 years of participation in the Army Medical Program or Dod HBP, all dependent coverage will cease after 120 days following the employee's death.**
- **If the employee had completed 15 or more years of service any dependents coverage will cease when one of the following happens:**
 - **A dependent ceases to be a defined dependent**
 - **A dependent becomes eligible for like coverage under this Plan**
 - **Dependent coverage ceases as to the eligible class of which the employee was a member, right before his/her death.**

Children born after the death of the employee will be covered as any other dependent provided the enrollment form is returned to the civilian personnel unit, within 31 days of the child's birth.

Leave Without Pay--LWOP employees and seasonal employees have the right to continue paying the premium for the medical insurance during the **LWOP** period to ensure no loss in coverage. The LWOP period may not extend past one full year (365 days). The employer must contribute its share during the LWOP period.

Employing NAFI Pays Medical/Life Premiums During LWOP--Effective July 95 AR 215-5, 8-16 becomes obsolete. To preclude hardship on the employee through denial of claims, NAF Financial Services will deduct the premium cost for medical and life insurance participation, from the employing NAFI

account. The employer will be notified of the payment and the amount may be collected from the employee. This process will continue throughout the LWOP period unless a DA Form 3473 is completed by the employee indicating cancellation of insurance coverage during the LWOP period.

Re-Enrollment Only At Open Season After LWOP Cancellation-- Effective July 95, if the employee elects to drop the medical and/or life insurance coverage and not pay the employee premium share, he/she must wait until the open season period or be approved for participation through evidence of insurability, to re-enroll in any health plans. Health coverage will cease on the last day the premium was deducted from the employee's paycheck or the employing NAFIs account.

Disability LWOP-Rules changed 1/1/00



If the employee is totally disabled (except from a worker's compensation injury or condition), the CPU is to have the employee complete EBB Form 766-R which can be found at the end of this Desk Reference. This form will be sent to the Surgeon General's Office by the Employee Benefits Office for disability determination. If the Surgeon General determines that the employee is totally disabled from an injury or disease which is not work related, then the employee's medical coverage is extendible (free of charge), if the employee participated in the NAF Health Benefit Plan for 5 or more cumulative years, he/she will be covered under the medical health benefits provisions without a charge for premiums (single or family coverage as applicable) for up to 12 months. This provision does not apply to employees who are eligible for the employer subsidized retiree medical plan. After the 12 month free period, the participant pays the full cost of the premium for medical coverage, plus an administrative fee of 2% of the premium for the next 24 months, or until he or she is no longer disabled or chooses to drop participation, whichever occurs first. The next page has the complete rules for eligibility for post retirement medical and temporary continued coverage Effective 1 January 2000. If you have a work related injury or disease

bills should be handled through the Worker's Compensation program.



Evidence of Insurability -- Effective May 98, evidence of insurability for medical coverage was cancelled. The only evidence of insurability available through the NAF Benefits program is for life insurance. Employees may only enroll in the Medical Plan during the Open Season period or within 31 days of employment date or acquiring a new dependent.

Premium Amount Determination--The DoD Uniform Health Benefit Plan is self-insured. The bi-weekly premium is an actuarially determined rate based on direct reflection of the costs of medical bills incurred by the participants in the Plans from the prior year. Participants must follow some cost containment features such as calling before hospital admissions (in the U.S) or surgical procedures. Participants must choose a primary care physician (family practitioners, general practitioners, pediatricians, internists and for no more than 2 regular check-ups a year, an obstetrician gynecologist). To reduce out of pocket expenses, participants are encouraged to visit a primary care physician. Visits to any other type of doctor, outpatient testing, surgery, imaging and hospitalization requires authorization from **Aetna**. Additional guidance and benefit descriptions are contained in the **training kits which were distributed at the civilian personnel unit sessions prior to Open Season 1999** **The prescribing directives are: Aetna DoD HBP Summary Plan Description (not issued as of April 1, 2000) and AR 215-3.**

Transferred Employees--Employees who were participating in the Army Medical Plan who transfer employment from one NAFI to another NAFI, are permitted to join the **DoD Uniform Plan** or the HMO in the new location, without going through evidence of insurability. For example, if a transfer employee from Europe (Europe does not have Managed Choice or Open Choice), is hired at an installation that is serviced by a Managed Choice or Open Choice or an HMO, the employee may enroll in one of the either the DoD Uniform Plan or the HMO, within 31 days of the transfer date.

The coverage will not begin until the employee has completed DA Form 3473, made the election, signed and dated the document. The effective date is the date of coverage. The document must then be sent to NAF Financial Services. To ensure continuity of coverage, the employee should be advised by the CPO to enroll on the transfer date.

The prescribing directives are: Aetna Dod Uniform Plan Summary Plan Description (not issued as of April 1, 2000) and AR 215-3.

HEALTH MAINTENANCE ORGANIZATIONS (HMO's)

These plans are available in certain geographic areas.

Employees may elect this coverage within 31 days of a regular appointment or during the Open Season period.

HMOs offer the services of medical personnel and facilities to residents of a limited geographic area on a fixed, prepaid basis.

The bi-weekly cost for HMO benefits may be more or less than the cost of comparable benefits under the AMLF PPO medical plan. You should consider these factors carefully. Your cost for benefits under the HMO will be split with your employer 50/50. If you choose the New Medical Plan, you will only pay 30% of the premium.

a. Group Model HMO

1). You elect a doctor of your choice, but only from the doctors employed by the HMO. You are normally treated by the doctor you select at the HMO's offices. You may be treated by a doctor who is not employed by the HMO but the expenses for treatment will generally NOT be paid by the health plan except in certain emergency situations.

2). There are usually no claim forms to file; you show your HMO membership card when you are treated by the HMO's doctor and pay a small fee to the cashier. Approved hospital expenses are usually covered at 100%. Prescriptions are usually covered at little or no cost to you.

Routine physical examinations are usually covered.

b. Individual Practice Arrangement (IPA) model HMO.

1). You select a doctor of your choice, but only from the doctors who are under Contract to the HMO. You are normally treated by the doctor in his or her private office. You may be treated by a doctor who is not under contract to the HMO, but the expenses for the treatment are generally NOT paid by the HMO except in certain emergency situations.

2). There are generally no claim forms to file; you show your HMO membership card when you are treated by the HMO's doctor and you pay a small fee. Approved hospital expenses are usually covered 100%. Prescriptions are usually covered except for a small charge. Routine physical examinations are usually covered.

New HMOs will not be offered for 2000. The current HMOs in place will continue to be offered as long as the HMO continues to provide it's service to Army NAF employees.

Any specific questions about covered items should be directed to the individual HMO and not the Employee Benefits Office.

The prescribing directive is provided by the Health Maintenance Organizations

HMO CPU Responsibilities CPUs are responsible for the following procedures:

a. an annual determination whether the HMO meets (or continues to meet) Federal qualification requirements established by the U.S. Department of Health and Human Services.

b. establishment and maintenance of benefits which meet minimum acceptable standards and are comparable and generally equivalent to those offered by competing health plans.

c. agreement upon eligibility rules for employees to be covered by the HMO program.

d. agreement upon administrative procedures to ensure timely enrollment in program coverages requested by employees, timely collection of premiums

Eligibility for Post Retirement Medical and Temporary Continued Coverage (TCC)

Effective January 1, 2000

Retiree Medical Coverage.

a. Employees are eligible to continue participation in the NAF HBP following retirement (post-retirement medical (PRM) coverage), if they meet all of the following conditions:

(1) Are enrolled in the NAF HBP (either HMO or non-HMO) medical plan on the day before retirement. Employees who wish to continue PRM dental coverage must, in addition to medical plan enrollment, be enrolled in the dental plan associated with their medical plan option (POS, PPO, Indemnity, or HMO) on the day before retirement.

(2) Have 15 years of cumulative participation in any combination of DoD NAF Component medical plans and the NAF HBP (both HMO and non-HMO). Participation does not have to be continuous and is therefore not affected by breaks in service. Continuation of dental coverage also requires 15 years of cumulative participation in the dental plan associated with medical plan participation (POS, PPO, Indemnity, or HMO).

- (a) Continuous time in the Federal Employees' Health Benefit Program immediately before any move from a DoD appropriated fund position to a DoD NAF position, after January 1, 1987, without a break in service of more than three days, will be credited towards the 15 year requirement for both medical and dental PRM coverage.
- (b) The 15 year requirement is waived for employees who had five years of continuous enrollment in FEHB immediately prior to being involuntarily moved from a DoD appropriated fund position to a DoD NAF position, without a break in service of more than three days. (In an involuntary move, the employee's appropriated fund position is abolished in the appropriated fund employment system and reestablished in the NAF employment system).

OR

(3) Were enrolled in either the USANAF Medical Program (PPO or HMO) on 12/31/1999 for 5 or more continuous years, to include the day before retirement.

AND

(4) Receive an immediate NAF annuity, or Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS) annuity, providing the employee elected CSRS or FERS coverage under the provisions of the Portability of Benefits for Nonappropriated Fund Employees Act of 1990, as amended by P.L. 104-106 (reference (e)). The immediate annuity may be in the form of either a monthly or lump-sum annuity payment; both meet the eligibility requirement for an immediate annuity.

- (a). When a retiree or his or her covered dependents are eligible for Medicare, HBP benefits will pay secondary to Medicare. Medicare is not applicable in overseas areas, therefore the applicable DoD NAF HBP plan of benefits will apply in those areas as primary coverage.
- (b). If PRM coverage is not elected the first time it is offered, or if the coverage is canceled, it cannot be reinstated or elected during subsequent open seasons.

Temporary Continuation of Coverage (TCC) (18 month)

Eligible employees, retirees, and dependents who become ineligible to participate in the NAF HBP shall be offered the opportunity for TCC.

1. General Eligibility Requirements. The Summary Plan Descriptions provide detailed requirements, definitions, and TCC application procedures. ***The following participants are eligible for TCC:***

a. Employees. ***NAF employees who (1) have been enrolled in the NAF HBP for at least 90 days prior to the date of non-eligibility, and (2) who lose coverage for any reason other than termination for gross misconduct.***

b. Retirees. ***Employees who retire without obtaining eligibility for PRM.***

c. Dependents. ***Dependents who either lose NAF HBP coverage because the sponsoring employee or retiree loses coverage, or who become otherwise ineligible to participate***

2. Cost and Length of TCC Coverage:

a. HMO Participants. HMOs and servicing Human Resources Offices must provide participants with information on the HMO's applicable temporary continuation of coverage. This coverage may be of different length and coverage than that provided under the POS, PPO and Indemnity plans.

b. POS, PPO, and Indemnity Plan Participants.

(1) General. Participants in the POS, PPO, and Indemnity medical plans shall be offered temporary continuation of coverage for up to 18 months from the date eligibility ceases. The employee will pay the full cost of the premium for medical coverage, plus an administrative fee of two percent of the premium.

(2) Disabled Employees. ***Employees who are totally disabled shall be eligible for temporary continuation of medical coverage (single or family coverage as applicable) for up to 36 months from the date medical plan coverage ends. The TCC (including coverage for enrolled dependents) ends before 36 months if the participant ceases to be totally disabled, or becomes eligible for Medicare or other health benefits coverage. Definitions of "total" disability and procedures for providing proof of disability are described in the SPDs.***

(a) Disabled Employees with less than Five Cumulative Years of Enrollment. Employees who have been enrolled in the NAF HBP (does not include HMO participants) for less than five **cumulative** years (including enrollment in a NAF Component health plan or in the FEHBP if employee moved under the Portability Act) pay the full cost of the premium for medical coverage, plus an administrative fee of two percent of the premium.

(b) Disabled Employees with Five or more Cumulative Years of Enrollment.

1. Up to 12 Months of Employer-Paid Premiums. Employees who have participated for five or more **cumulative** years shall be covered under the medical health benefits provisions without a charge for premiums (single or family coverage as applicable) for up to 12 months. ***This provision does not apply to employees who retire with PRM coverage, nor does it apply to HMO participants.***

2. Additional 24 Months of TCC Coverage. After the 12-month period, the participant pays the full cost of the premium for medical coverage, plus an administrative fee of two percent of the premium for the remaining **24** months, or until he or she becomes ineligible through one of the events described in paragraph N.2.b.(2) above.

c. Base Realignment and Closure (BRAC) Situations. In situations where an employee has been separated because of BRAC, the employer may pay the employee's share of the premium and applicable administrative fees for the employee for up to 18 months. The employer may pay with BRAC or NAF funds.

3. NAF HBP Dental Coverage. No provision is made for temporary continuation of dental benefits.

Coverage for Surviving Dependents

The Surviving dependents of employees and retirees are eligible to continue NAF HBP coverage under the below provisions.

1. Eligibility.

a. General. To be eligible for continuation of coverage, survivors must have been enrolled in the medical (and dental, if applicable) plan as dependents on the day of the employee or retiree's death, and the employee must have had a minimum of 90 days of participation in a NAF HBP plan (HMO or non-HMO). Only those dependents covered on the day of the employee's or retiree's death, including the employee or retiree's child born subsequent to the death, may continue coverage. This means that dependents acquired by a surviving spouse upon remarriage are precluded from coverage.

b. HMO Participants. To be eligible for continuation of coverage under the DoD NAF HBP policy for surviving dependents, survivors who are enrolled in HMOs at the time of the employee's or retiree's death must enroll in the non-HMO plan covering their geographic area.

c. Survivors of TCC Participants. No provision is made for continuation of coverage for surviving dependents of TCC participants.

2. Cost and Length of Coverage. The NAF employer will pay 100 percent of the medical (and dental, if applicable) premium for eligible survivors for the first four months of health benefit coverage following the employee's or retiree's death. Following this four month period of coverage, survivors are eligible to continue coverage as follows:

*a. Survivors of Employees with less than 15 Years of Cumulative Participation, or who were not Participating in Retirement Plan. If at the time of death, the employee had less than 15 years of cumulative participation in the NAF HBP medical plan (HMO or non-HMO), or was not participating in an applicable defined benefit retirement plan, enrolled surviving dependents are eligible for TCC. The temporary coverage shall be for a period of 32 months after the four months of initial employer-paid premiums. The additional 32 months of coverage will be at a cost to the survivor of 102 percent of the total premium. **Dental coverage is not available in the NAF HBP TCC plan.***

b. Survivors of Employees with 15 Cumulative Years of Participation and Participated in Retirement Plan. If at the time of death an employee meets the requirement for 15 cumulative years in the NAF HBP medical plan (HMO or non-HMO) and is participating in an applicable defined benefit retirement plan, covered dependents may continue NAF HBP (HMO or non-HMO) medical and dental coverage. Following the four months of employer-paid coverage, survivors will pay the same premium rate as active employees. Coverage for the surviving spouse continues indefinitely, regardless of remarriage. Coverage for dependent children continues until the child no longer meets the eligibility criteria in subsection D.3.

c. Survivors of Enrollees Eligible for PRM. The covered dependents of those enrollees receiving, or at the time of death are eligible to receive, PRM coverage may continue the PRM medical and dental coverage applicable to the eligible employee or retiree. This includes any continuation of applicable PRM eligibility provisions and premium-sharing practices described in subsections D.4. and H.3.

- Survivors of HMO participants will be switched to POS/PPO/Indemnity High plans. Not all HMO plans provide TCC coverage for survivors. The majority of the NAF employers opted for changing HMO participants to the non-HMO plans.
- Survivors of both employees and retirees get 4 months free coverage.

Conversion of Medical Benefits Coverage. Employees, retirees, and enrolled dependents whose coverage under the DoD HBP ceases may convert to a personal medical policy offered by the NAF HBP non-HMO Third-Party Administrator without medical exam. The personal policy will take effect on the day after coverage ceases under the DoD NAF HBP. The SPDs provide detailed requirements for applying for such a policy.

Dependent Definition. ***Dependents*** of enrollees include a spouse, unmarried children (including stepchildren and foster children) under 19 years of age, unmarried children under age 25 who are full-time students and dependent upon the enrollee for support, and children over the maximum age who are fully handicapped. Further details on eligibility criteria for dependents are published in the SPDs.

TEMPORARY CONTINUATION OF COVERAGE (TCC)
POS/PPO/Indemnity Plans—HMO participants not eligible for TCC under Uniform Plan

Medical coverage only (self-only or family as applicable):

Who is Eligible	Length of Coverage	Cost to employee
Employees: Must have been enrolled 90 days Not fired for “gross misconduct”	18 months	102% of premium
Retirees (for example, if employee retired without being eligible for PRM)	18 months	102% of premium
Dependents	18 months (<i>36 mo’s not allowed after 1/1/2000</i>)	102% of premium

Employees separated by BRAC	18 months	Could be 0. Employer permitted to pay full premium and admin. fees with BRAC or NAF funds.
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Employees who are totally disabled at the time medical coverage ends. Note: Those who retire with PRM coverage do not qualify.	36 months	If less than 5 yrs of enrollment: 102% of premium If 5 yrs enrollment or more: 0 cost for 12 months 102% for 24 months
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COVERAGE FOR SURVIVING DEPENDENTS
POS/PPO/Indemnity Plans (HMO participants shall move to non-HMO)

Basic eligibility:

- (1) Employee must have been in the NAF HBP for 90 days.
- (2) Dependents must have been covered on the day of employee’s or retiree’s death.

Survivors of:	Coverage	Length of Coverage	Cost to Dependent
Employees who do not have 15 years enrollment, or who were not in retirement plan	(1) Medical and dental (if applicable); (2) Medical only	(1) 4 months (2) 32	0 102% of premium
Employees with 15 years enrollment and participation in retirement plan	Medical and dental	Spouse coverage is indefinite. Children continue until no longer meet eligibility criteria.	0 for 4 months. Thereafter, pay same as active employee.
Employees or retirees eligible for PRM coverage.	Medical and dental	Spouse coverage is indefinite. Children continue until no longer meet eligibility criteria.	0 for 4 months. Thereafter, pay same amount applicable to PRM recipient—including application of grandfathered PRM rate.

from enrolled employees and their employers as well as timely payment of premiums to the appropriate HMO.

e. CPU and employee complete DA Form 3473 and each respective HMO's own enrollment form. CPO then makes appropriate distribution of the forms.

BASIC LIFE INSURANCE COVERAGE

Employees may elect this coverage within 31 days of appointment to a regular position or during the open season period.

Participants may elect 1 times salary, rounded up to the next \$1000 at the rate of 12 cents per thousand or elect 2 times salary, rounded up to the next \$1000 at the same rate. Maximum coverage permitted is \$250,000.00 basic life insurance coverage. The cost is 12 cents per thousand for the employee and the 12 cents per thousand from the employer.

Dependent life insurance--All active employee participants will have their dependent children covered for \$2,500 each and spouses covered for \$5,000.00. This feature is NOT available to retirees or non-contributing employees in LWOP status. This feature is free of charge to the participant. Dependents are defined as follows:

- ◆ Your husband or wife if not divorced or legally separated from you
- ◆ Unmarried children (including stepchildren and foster children) up to age 19 who depend on you for support and are not working on a regular, full-time basis
- ◆ Unmarried children (including stepchildren and foster children) up to age 23 who are in school full time, depend on you for support and are not working on a regular, full-time basis.

Evidence of Insurability --To enroll outside of the open season period or after 31 days from appointment to a regular position, the employee must complete and submit an Evidence of Insurability Form. If the determination is favorable, the employee will be permitted to enroll in the Plan. The Employee Benefits Office will notify the CPO and the employee once a determination has been made by the Surgeon General.

Life Insurance Coverage for Retirees--

Employees participating in the Life Insurance Plan must also participate in the Retirement Plan and elect a Normal, Early or Disability Benefit at retirement in order to receive free life insurance coverage at Retirement. Retirees must have participated in the Life Insurance Plan for the 5 year period immediately preceding retirement and request an immediate annuity to receive free basic life insurance. The free basic insurance will be the lowest amount of basic insurance the participant had during the 5 year period immediately preceding retirement. At age 65, this free insurance will reduce 2% each month until age 68 years and 2 months when it has reached 25% of the original amount. The 25% amount will be the retiree's lifetime benefit.

Leave Without Pay (LWOP) Disability



LWOP--Waiver of Premium-- If the employee is totally disabled and participated in the life insurance plan for the 5 year period immediately preceding disability, the CPO is to have the employee complete EBB Form 766G which can be found in the back of the Travel Guide. It is reproducible. This form will be sent to the Surgeon General by the Employee Benefits Office for disability life insurance waiver of premium determination. If the Surgeon General determines that the employee is totally disabled, then the life insurance coverage is extendible (free of charge), for as long as the disability lasts. The amount will be the amount in effect on the last day at work in which premiums were paid, if the employee is under age 62. At age 62, the amount will reduce to the lowest amount in effect during the 5 year period immediately preceding retirement. It will further reduce after age 65 at a rate of 2% per month to a minimum of 25% of the original amount after age 62.

Leave Without Pay No Waiver of

Premium--If the participating employee does not qualify for waiver of premium above, the employee has the right to continue making the employee premium payments for the life insurance coverage, on a monthly basis while in a LWOP status (**maximum LWOP period is 365 days**). See **page 12** regarding premium collection. If premium is collected, the amount of insurance in effect is the amount in effect on the last day at work. After the LWOP

period of a contributing employee, the employee is permitted to purchase life insurance within 30 days of the last day worked.

Seasonal Employees-- Follow procedures above for Leave Without Pay No Waiver of Premium.

Accidental Death & Dismemberment

Coverage--If the employee loses sight of an eye or loses a limb as the result of a non-work related accident, and the loss occurs within 365 days after the accident, this coverage will pay a benefit to the employee. The full benefit is the same amount as the basic life insurance coverage election. This coverage is also called Double Indemnity.

INSURANCE FOR THE LIVING
(Accelerated Death Benefit)

For the terminally ill, alot of time may be spent wondering how to pay medical bills and the mortgage, or keep the lights on and the heat up. The accelerated benefit is one of the easiest ways to get cash quick. The accelerated benefit is a payment from the Army Medical Life Fund and not a loan.

Eligibility--Any participating employee of the Army NAF Employee Life Insurance Program who is under age 61 and has participated in the Basic Life Insurance Plan for the 5 year period immediately preceding separation AND who has been diagnosed by his/her physician with less than 12 months to live. If the Surgeon General approves a total disability based on the attending physician's statement, the separating employee will be approved for waiver of basic life insurance premium. Once waiver of premium has been established, the accelerated death benefit may be payable.

Maximum Amount Payable--50% of the basic insurance amount approved under waiver of premium or \$100,000.00, whichever is less is payable to the employee. The remainder will be paid after the employee's death, to the designated beneficiary of record.

Applying for Accelerated Benefits--

Contact the Employee Benefits Office for the Accelerated Benefits Claim Kit. Employee must continue to make premium payments for the basic life insurance plan during the determination phase. If the employee is in Leave Without Pay (LWOP), he/she must complete DA Form 3473, code

20 electing to continue contributions during LWOP. DA Form 3473's which are coded 21 are not eligible for the accelerated benefit.

TAXES--Unlike conventional life insurance proceeds, accelerated death benefits payable under the Accelerated Benefits provision MAY BE TAXABLE. You should consult a personal tax advisor as the Employee Benefits Office is not permitted to give tax advice.

MEDICAID AND SUPPLEMENTAL SECURITY INCOME--

Receipt of accelerated death benefits under this Accelerated Benefits provision MAY AFFECT MEDICAID AND SUPPLEMENTAL SECURITY INCOME eligibility. Without exercising your option to accelerate benefits, the mere fact that you own an accelerated benefit product will not in and of itself affect your eligibility for these government programs. However, exercising the option to accelerate benefits and receiving those benefits before your apply for these programs, or while you are receiving government benefits, may affect your initial or continued eligibility. Contact the Medicaid Unit of your local Department of Public Welfare and Social Security Administration Office for more information.

Accelerated Benefits After age 62--Waiver of premium is not available to employees over the age of 62, therefore the accelerated benefit is not available this group unless the employee participated for 5 years in both the basic life insurance plan and the retirement plan. If these employees elect a normal annuity, then they are entitled to free life insurance of the lowest amount in effect for the five year period immediately preceding retirement. This amount begins to reduce at age 65 at the rate of 2% per month until it reaches 25% of the original free amount. Due to the reduction of the free life insurance, we must consider requests for an accelerated death benefit on an individual basis. Please contact the Employee Benefits Office if you have any employees who meet this criteria.

The prescribing directives are: Army NAF Life Insurance Plan Booklet issue date 1 January 2000 and AR 215-5.

Optional Life Insurance Coverage

Employees must have basic life insurance coverage to purchase optional coverage. Participants may elect up to 2 times the basic life insurance election amount, in

multiples of \$10,000 only. This coverage is paid in full by the employee. The employer does not provide a matching contribution for this coverage. The premium amount for optional insurance coverage changes every 5 years of age increments. The rate schedule is contained in the current Army NAF Life Plan Booklet at www.nafbenefits.com

i.e. Salary \$16,239, employee elects 2 times salary for basic insurance or \$16,239 times 2 equals \$32,478 and rounded to the next \$1000 is \$33,000.00 basic life insurance. The employee may elect up to 2 times \$33,000 basic or \$66,000 optional insurance, however optional must be in multiples of \$10,000 only so the maximum optional coverage in this example is \$60,000. Maximum amount of optional life insurance permitted is \$500,000, or 2 times basic coverage, whichever is less.

Evidence of Insurability - To enroll outside open season or after 31 days from appointment to a regular position, the employee must complete and submit an Evidence of Insurability Form. If the determination is favorable, the employee will be permitted to enroll in the Plan. The Employee Benefits Office will notify the CPO and the employee once a determination has been made by the Surgeon General.

Optional insurance rates vary with age.

Optional Life Insurance Coverage for Retirees--Employees who participated in the Optional Life Insurance Plan for the 5 year period immediately preceding retirement, or if the employee participated for 15 years, the employee is eligible to continue the lowest amount of optional coverage in effect during the 5 years just before retirement. The retiree must pay the full cost of the coverage until age 65 at which time there is no cost. Beginning at age 65, the amount of the benefit will be reduced 2% each month for 50 months, at which time this coverage will end. The retiree optional life insurance coverage request form is at Appendix M in the Travel Guide, Issue Date January 1997.

The prescribing directives are: Army NAF Life Plan Booklet, issue date 1 January 2000, and AR 215-3.

Enrolling Your New Army NAF Employee

Benefits Videos

Show the new regular employee the Videos which were supplied to all CPOs. These are the videos available which every employee should review to know what is available to him/her as a regular NAF employee. These videos were developed to aid the CPO with benefits counseling at date of hire:

1. NAF Employee Benefits Video (Run time approx. 15 min.)--This video was sent to all CPOs in the Fall of 1996. The video is set up in interview style with various regular Army NAF employees from different installations, who participate in the Benefits Program. The video contains a brief explanation of all of the benefits offered to regular Army NAF employees.

2. 401(k) Stages Retirement Game Video Series (Run time 16 min.)--Sent to all CPOs in Fall of 1997. The Stages Retirement Game explains in layman's terms what a 401(k) Savings Plan is and why it is a valuable benefit. The video series has 4 additional videos which should be viewed after the Stages Retirement Game, based on the interests and questions of the new employee. These videos were developed by Fidelity Investments Inc. to help future participants understand 401(k) Plans and which investment strategy is best for the new or current employee:

1. Life After Work (8 min.)
2. Asset Allocation (10 min.)
3. About Mutual Funds (8 min.)
4. Beyond the Basics (8 min.)

Counsel the new employee on all of the benefits available to him/her described in the previous pages of this booklet. Be sure the employee understands the value and benefit each program will bring for him/her and his/her family. Obtain DA Form 3473 from your procurement officer. **Do not use DA Form 3473, edition Oct 82 as it is obsolete.** Use DA Form 3473 Part I and Part II, edition Nov 93.

Forms needed for enrolling new employees in the employee benefit programs

US Army NAF Retirement Plan
DA Form 3473, Part I, edition Nov 93

US Army NAF Medical & PPO Plan
DA Form 3473, Part II, edition Nov 93

US Army NAF Life Insurance Plan
DA Form 3473, Part II, edition Nov 93
US Army NAF 401(k) Savings Plan
Application for US Army NAF Employee
401(k) Savings Plan Enrollment Form

Local Health Maintenance Organization
Local HMO enrollment form and DA
(HMO)Form 3473, Part II

**Completing DA Form 3473, Part I and II,
edition date NOV 93**

1. Part I--Retirement Participation--

Complete all boxes from box 1 through box 23. If a certain section is not applicable (i.e. Spouse Data because the employee is single), write "N/A" in the appropriate box.

2. Follow the instructions on the back of Part I. If you have any questions, contact the Employee Benefits Office at 703-681-7262, DSN 761-7262 or toll free from the United States 1-877-384-2340; from Germany 0130-0010-877-384-2340; from Japan 0039-111-877-384-2340; from the Netherlands 06-022-9111-877-384-2340; Korea on base 550-4663-877-384-2340 and off base 00911-877-384-2340; Italy 172-1011-877-384-2340; England 0800-013-0011-877-384-2340; Belgium 0-800-100-10-877-384-2340 and Panama canal zone area 281-0109-877-384-2340 and outside Canal Zone Area 109-877-384-2340. All other countries call collect.

3. Complete this form even if the employee does not wish to participate in the retirement plan. The transaction code in box 4 should be coded 00 for no enrollment and coded 01 for new enrollments. The Employee Benefits Office copy should not be sent for a code 00, but rather filed with the Employee's OPF.

Completing Part II

1. Group Insurance Elections--Complete each box from 1 through 23. Make sure to add all dependent data information in box 17. This is a new section from the previous editions of DA Form 3473.

2. Follow instructions on the back of Part II. See numbers 2 and 3 above and follow the same instructions for form submission.

3. Dod Uniform Plan coverage will begin the date the employee signs the election form and HMO and life insurance coverage's will not begin until the first full payperiod, after enrollment, unless the employee enrolls on the first day of the payperiod for your NAFI.

4. The new enrollment date will not show up at Aetna or the HMO until approximately 6 weeks after enrollment. The reason for this is the fact that Army NAF employees are paid 2 weeks in arrears and the processing time required for the National Finance Center (NFS) to enter the data and then send a magnetic tape to the Employee Benefits Office. The Employee Benefits Office must load this tape to the Benefits Database and verify the information. Once verified, the tape information is sent to Aetna electronically for updates. New employees should be counseled to contact the Employee Benefits Office if they are seeking medical treatment within 6 weeks of enrollment, or use their enrollment form as proof of coverage with the doctor or hospital. The Employee Benefits Office will be able to pull the benefits file and verify coverage from the new DA Form 3473 which the CPO sent to us with the new election. Make sure to advise the employee to have physicians or hospitals contact the Employee Benefits Office during business hours which are Eastern Standard Time 7:00 am through 6:00 PM, Monday through Friday. All other calls for benefit verification should be directed to Unicare during their business hours which are Eastern Standard Time 8:00 am through 4:30 PM, Monday through Friday.

**Separating Employees Benefits
Counseling**

**Forms needed to separate the NAF
employee from the benefits programs:**

US Army NAF Retirement Plan
DA Form 3473, Part I, code 04

Dod Uniform Plan
DA Form 3473, Part II, code 04 and Aetna
Form to terminate coverage at Aetna.

US Army NAF Life Insurance Plan
DA Form 3473, Part II, code 04

US Army NAF 401(k) Savings Plan

US Army NAF Employee 401(k) Savings Plan Payout Form

1. Complete DA Form 3473, transaction code 04. Complete both Part I and II if the employee is enrolled in retirement and medical or life insurance.
2. Determine if the employee is eligible for retirement benefits. If so, proceed to retirement benefit counseling below.
3. If the employee is not eligible for retirement benefits but was participating in the Dod Uniform Plan, determine if the employee wishes to participate in the 18 month extension plan. The employee must have participated in the Dod Uniform Plan for the 90 day period immediately preceding the separation to be eligible for this benefit. The rates are available from Aetna and at www.NAFbenefits.com. All 18 month extension requests must be received at Aetna before 60 days after separation. The employee will be responsible for all premium due from the date of separation up through the month following the month in which the application form was received. Because of this requirement, it is essential that the employee determines if he/she would like to extend this coverage, as soon as possible and submit the form. This will prevent an undue financial burden of possibly paying for 3 months premium initially. Aetna will send a bill for the premium due once the application has been received. The employee will also receive monthly invoices for continuance of this coverage.

It is also important for the employee to understand that if he/she did not elect the 18 month extension, but received medical treatment within 60 days after separation and then decided to enroll in the Plan, obviously when the hospital or doctor calls the Employee Benefits Office to verify coverage during this period, coverage will be denied because application and the first premium had not been received. However, once the application and premium are received, Aetna will pay any bills which were incurred during this period.

4. If the employee was a participant in an HMO, contact the HMO for information regarding their COBRA extensions.

Applying for the Retiree Medical Plan

1. Effective 1 JAN 98, the Army Medical Life Fund (AMLF) began to subsidize 60% of the retiree medical insurance premium. Retirees pay only 40% of the premium. The retiree medical Program includes dental insurance.

The following rules define who is eligible to participate in the subsidized retiree medical program:

a. All participating retirees who are paying the full retiree medical premium. Retirees in the free premium window between the ages of 62 and 65 will continue to receive premium waiver until age 65 at which time they will be eligible for subsidized retiree medical premium.

b. Any active employee who is participating in the Army NAF medical program on 31 December 1999, with a minimum of five years of participation immediately preceding retirement and who subsequently retires and receives an immediate monthly annuity from the USA NAF Retirement Plan.

c. Any active employee who is participating in the Army NAF medical program on 31 December 1999, who subsequently retires between the ages of 62 and 65 on an immediate annuity and has 15 years participation in the Army NAF medical program, of which 5 years must immediately precede retirement, will receive free retiree medical insurance until age 65. After age 65, retiree is eligible for subsidized retiree medical premium.

d. For Employees enrolling in the DoD Uniform Plan or an Army sponsored HMO after 1 January 2000, retiree medical insurance eligibility will require:

1. Enrollment and participation in the Army NAF medical program for a minimum of 15 years, to include the 5 years immediately preceding retirement, and

2. Retirement from the US Army NAF Retirement Plan and receipt of an immediate monthly annuity..

The Retiree Medical Plan Enrollment will be submitted by the benefits examiners, upon receipt of request for annuity.

If the employee elects this coverage, the monthly premium will be deducted from his/her monthly annuity check. If the amount of the annuity check is not enough

to cover the premium cost, the retiree will be billed separately on a monthly basis. Current premium information is available in the Open Season booklet, dated January 1997. Complete this form and submit with DA Form 3473, Part I and II coded 04, for all new eligible retirees who wish to enroll in this coverage.

Retirees electing a deferred retirement benefit or a refund of contributions and interest, are not eligible to participate in this Plan. See TCC Plan

Free Retiree Medical Insurance (Age 62-65)

1. Prior to 1 January 2000, If the retiree elects a normal or early annuity and participated in the AMLF medical/Dod Uniform Plan for 15 years, and is between the ages of 62 through 65, he/she will receive free medical insurance until age 65. The coverage will be identical to the coverage the employee participated in at retirement. The Employee Benefits Office will notify the retiree of this benefit with his/her retirement option papers.
2. After age 65, the retiree will be eligible to participate in the Retiree Medical Plan through premium payment. Follow instructions above for the Retiree Medical Plan. The Employee Benefits Office will notify the retiree the month before his/her 65th birthday that the free coverage will end and we will send the retiree an application and current premium information.
3. Retirees electing a deferred retirement benefit or a refund of contributions and interest, are not eligible for this coverage. See 18 month extension plan.

Applying for Free Life Insurance Coverage for Retirees

1. If the employee elects a normal or early annuity benefit, and he/she was participating in the life insurance plan for the 5 year period immediately preceding retirement, he/she will receive free life insurance coverage. The Employee Benefits Office will notify the retiree of this coverage with his/her option papers. The amount of coverage provided free of charge is the lowest amount of BASIC coverage in effect during the 5 year period immediately preceding retirement. At age 65, this coverage will reduce at the rate of 2% per

month to a minimum of 25% of the original free amount.

2. Retirees electing a deferred annuity or a refund of contributions and interest are not eligible for this benefit.

Applying for Free Optional Life Insurance

1. If a retiree elects a normal or early annuity and he/she participated in the Optional Life Insurance Plan for the 5 year period immediately preceding retirement, he/she is eligible to continue paying premium for this coverage until his/her 65th birthday at which time it is provided free of charge. At age 65, the coverage will begin reducing 2% per month for 50 months, at which time this coverage will end. A request form is in the Travel Guide, edition January 1995 on page 100. The Employee Benefits Office will notify the retiree of this coverage option with his/her retirement option papers.
2. Retirees electing a deferred annuity or a refund of contributions and interest are not eligible for this benefit.

The Retirement Annuity Benefit

1. Separating employees who participated in the Retirement Plan for at least 5 years and are at least age 52 or are age 50 with 20 years of service, are eligible to elect an early **reduced** annuity benefit. An **unreduced** normal annuity benefit is available at age 62. The following age and participation requirements will also produce an unreduced annuity benefit:
Any age equal to or over 55 with 30 years participation in the Plan
and
Any age equal to or over 60 with 20 years participation in the Plan.
2. An employee who is vested with 5 or more years in the Plan and is age 52 or over, would receive the most from the Retirement Plan if he/she elected an annuity. Requests for refunds **eliminate** the retiree's eligibility for free retiree medical insurance, retiree medical insurance, free life insurance and free optional life insurance. ***This is a very important fact on which to counsel the retiree.*** Although a retiree may think the large lump sum of contributions and interest is much more desirable than a smaller monthly amount,

the retiree should understand that the monthly annuity amount will continue for the rest of his/her life and a survivor benefit of 55% will be provided to his/her spouse for the rest of the spouse's life, if the retiree dies before the spouse. As stated in the example on the second page of this booklet, the retiree will receive all contributions and interest in monthly benefit payments, generally within 1-2 years and for the rest of his/her life, he/she will receive NAF money! The CPO should make this point clear by explaining the scenario on page 2 of this booklet to the retiree.

3. A retiree who wishes to elect a normal or early annuity must complete DA Form 3715-R. A reproducible copy is attached to this booklet. All sections of this form must be completed to ensure speedy processing of the employee's retirement benefit.

4. DA Form 3715-R, DA Form 3473 and any Medical and Life Insurance Plan Extension Forms should be completed together and submitted at least one month prior to the employee's official retirement date.

5. The retiree's separation date is important for the following reason: If the retiree separates on the 1st of any month, the retirement benefit will not become effective until the 1st of the following month, therefore it is in the retiree's best interest to separate on the last day of the month (the 30th or 31st) so that his/her retirement benefit will begin one day later rather than 30 days later!

6. The retiree may also find it beneficial to stop retirement contributions early in the last month before retirement. The reason for this is that the retiree will receive credited service for the entire month, regardless of whether or not he/she contributed the entire month. The retiree need only contribute the first payperiod of the month to receive that month of credited service. If CNPO receives DA Form 3473 with a cancellation of retirement participation in the final month, retirement contributions will not be withheld from the retiree's final paycheck. If the employee does not wish to drop participation in the final month, he/she is not required to do so.

7. Enclosed is a diskette of the Retirement Projection calculation which the retiree may find beneficial in his/her retirement preparations. The calculation is a Microsoft

Excel Spreadsheet. We recommend you use this calculation and show the estimated retirement benefits to the new retiree. The retiree may also send a written request to the Employee Benefits Office at any time during the year and request a projection of retirement benefits. Look at the retiree's cumulative retirement contribution amount on the last leave and earnings statement and divide the life annuity benefit into the cumulative retirement contribution. The answer is the number of months it will take before all contributions have been received. After that point, the employee receives Army NAF Retirement Plan money for the rest of his/her life!

8. W-2 statements for the 3 year period immediately preceding retirement are required from CPOs who are not serviced by the Central NAF Payroll Office (CNPO). In addition, the CPO should inform the retiree to send a copy of his/her last leave and earnings statement. These forms are used to determine the retiree's Hi-3 average annual salary which is part of the annuity benefit calculation. CPOs serviced by a CNPO are not required to send this information.

9. The Employee Benefits Office assumes the last 3 consecutive years of employment will create the greatest Hi-3 average annual salary for annuity computation purposes. If the employee's wages were higher at another time during his/her career, the CPO should obtain the W-2 statements for the 3 consecutive years which will create a higher average annual salary for the annuity. If the W-2's for this prior timeframe are not available, the Employee Benefits Office will request prior salary history from the Central NAF Payroll Office, however this process takes about 8 weeks. Please notify the Employee Benefits Office at retirement if this situation arises.

Requests for Refunds of Contributions and Interest

1. Separating employees with less than 5 years of participation in the retirement plan are not eligible to request a normal or early annuity. These employees are eligible to receive a refund of their contributions and interest or they may elect to leave their contributions and interest on deposit (MOD) for a maximum of 5 years. The latter election may be desirable if the separating employee thinks that he or she may return to Army NAF employment in the near

future. This will prevent having to exercise the option to “buyback” credited service upon re-employment. If the employee elects this option and does not return to Army NAF employment within 5 years, he/she must send a written request to the Employee Benefits Office to request a refund of retirement contributions and interest.

2. One drawback in requesting and MOD for 5 years is that the employee often forgets he/she has left money on deposit. It is usually very difficult to track these employees after separation as they often move. Please advise an employee wishing to apply for an MOD to inform the Employee Benefits Office in writing of any address changes after separation.

employee elects to stop contributions prior to separation on the EBB 401(k) Enrollment Form, box 14. If the employee does not elect to stop 401(k) contributions prior to separation, the distribution cannot be made until the last deduction has been taken. Remember, the delay is caused by the fact that Army NAF employees are paid 2 weeks in arrears. By law, the employee is not required to stop contributions to the 401(k) Plan.

401(k) Plan Distributions

1. Separating employees may leave their money in their account by paying the quarterly maintenance fee of \$4.25. This fee is deducted from the employee's account and is shown on the quarterly statements.

2. Separating employees may elect to rollover their account to an individual IRA. Fidelity Investments offers a “no-load” rollover IRA which has the same investment options as the current active participants of the Army NAF 401(k) Savings Plan. Fidelity Investments supplies a rollover kit for separating employees. To obtain this kit, contact Fidelity Investments.

3. The separating employee must complete the EBB 401(k) Payout Request Form (a copy is attached to this booklet) regardless of the account balance. This form must be accompanied by DA Form 3473 Part I or Part II or 3434 coded 04 separating employment. The separating employee must make a Payment Method election in box 13 of the EBB 401(k) Payout Form).

4. 401(k) payouts are processed every Friday and submitted to Fidelity Investments Inc for payment. (Allow additional time during holiday timeframes). Payouts will not be processed until the last deduction has been taken from the last paycheck. Often, separating employees will receive a lump sum annual leave check after separation of employment. 401(k) contributions will be taken from this check unless the separating

APPLICATION FOR USANAF RETIREMENT PLAN AND/OR GROUP INSURANCE PLANS

For use of this form, see AR 215-3; the proponent agency is ODCSPER.

Read Privacy Act Statement and instructions on reverse prior to completing this form.

PART I - APPLICATION FOR USANAF RETIREMENT PLAN

1. EMPLOYEE NAME (Last, first, MI,)		2. SEX [] [] [] []	3. STANDARD NAFI NO.	4. TRANSACTION CODE
5. COMPLETE MAILING ADDRESS (Include Street, Apt/Unit No., City, State or Country, and ZIP Code)		6. SSN (9 Digits, No Dashes)		7. COMMENCE LWOP END LWOP
		8. DATE OF BIRTH Day Month Year		9. REGULAR APPT. DATE Day Month Year
10. SALARY SCHEDULE PER ANNUM \$	11. REGULARLY SCHEDULED HOURS PER WEEK HOURLY RATE \$	12. MARRIED [] []	13.a. TRANSFER DATE Day Month Year	13.b. TERMINATION DATE Day Month Year
14. DESIGNATION OF BENEFICIARY(IES) FOR USANAF RETIREMENT PLAN. If employee is married, beneficiary must be the legal spouse. If spouse is deceased, beneficiary must be dependent children under the age of 18, otherwise, the name(s) stated below will be my legal beneficiary(ies) in case of my death, unless changed at a later date. I revoke any and all beneficiary designation which I have previously made for retirement plan contributions. Include full name, complete mailing address, zip code and date of birth. If more than one beneficiary, designate primary or secondary. Attach additional paper if more space is needed. Sign and date all attachments.				

15. RETIREMENT PLAN PARTICIPATION PUT AN 'X' IN ONE BOX ONLY <input type="checkbox"/> a. I elect to participate. EFFECTIVE DATE DAY MO YR [] [] [] <input type="checkbox"/> b. I elect not to participate. I understand that no retirement benefits will be available to me because of my NAF employment. <input type="checkbox"/> c. I am a vested transfer employee from USANAF to APF (appropriated fund) and I elect to continue participation in the USANAF Retirement Plan, IAW Public Law 101-508; 104-106. (Must also complete and attach FORM RI 28-110 SF 830-1.) EFFECTIVE DATE DAY MO YR [] [] [] <input type="checkbox"/> d. I am a transfer employee from one Army NAFI to another. I elect to continue participation in the USANAF Retirement Plan. <input type="checkbox"/> e. I elect to stop contributions. Contributions will remain on deposit until termination of employment.		16. PREVIOUS ENROLLMENT IN A NAFI RETIREMENT PLAN I was previously employed by a NAFI as a regular full-time or regular part-time employee and I participated in the retirement plan under the following branch(es) of the armed services: (Complete all applicable areas.) FROM THRU Air Force [] [] AAFES [] [] Marines [] [] Navy [] [] Navy Exchange [] [] Coast Guard [] [] None [] [] 18. LEGAL SPOUSE DATA a. SPOUSE'S NAME (Last, first, MI) [] [] [] b. SSN (9 Digits, No Dashes) [] [] [] c. DATE OF BIRTH [] [] [] d. ADDRESS IF DIFFERENT FROM EMPLOYEE [] [] [] e. DATE OF MARRIAGE [] [] [] I authorize deductions from my earnings for the USANAF Retirement Plan. If I am on a LWOP status, I do not have to make contributions to the USANAF Retirement Plan for up to 1 year. 19. EMPLOYEE SIGNATURE [] [] [] 20. DATE SIGNED [] [] [] 21. NAME, ADDRESS AND TELEPHONE NO. OF SERVICING CPO (Include ZIP Code) [] [] [] 22. TYPED NAME, TITLE AND TELEPHONE NO. OF CPO [] [] [] 23. SIGNATURE OF AUTHORIZING OFFICIAL [] [] [] 24. DATE SIGNED [] [] []	
17. PREVIOUS ENROLLMENT IN USANAF RETIREMENT PLAN a. I was previously enrolled in the USANAF Retirement Plan [] [] b. I received a refund of contributions from Army NAF. [] [] DATE OF REFUND DAY MO YR [] [] [] As a previous USANAF Retirement Plan participant, I am aware that I am eligible to redeposit prior contributions and interest within 2 years of my re-hire date at 3% compounded interest. I do not have to redeposit prior refunds in order to receive credited service actuarially reduced.			
DO NOT USE - FOR OFFICIAL USE ONLY DATE RECEIVED DATE PROCESSED PROCESSED BY TRANSACTION TYPE			

PART II - APPLICATION FOR USANAF GROUP INSURANCE PLANS

1. EMPLOYEE NAME (Last, first, MI, maiden)		2. SEX		3. STANDARD NAFI NO.	4. TRANSACTION CODE
5. COMPLETE MAILING ADDRESS (Include Street, Apt/Unit No., City, State or Country, and ZIP Code)				6. SSN (9 Digits, No Dashes)	7. COMMENCE LWOP
					END LWOP
				8. DATE OF BIRTH Day Month Year	9. REGULAR APPT. DATE Day Month Year
10. SALARY SCHEDULE	11. REGULARLY SCHEDULED HOURS	12. MARRIED		13.a. TRANSFER DATE Day Month Year	13.b. TERMINATION DATE Day Month Year
PER ANNUM \$	PER WEEK				
	HOURLY RATE \$				
14. DESIGNATION OF BENEFICIARY(IES) FOR GROUP LIFE INSURANCE COVERAGE. The names designated here will be my legal beneficiary(ies) in case of my death, unless changed at a later date. I revoke any and all beneficiary designation which I have previously made under this coverage. Include full name, relationship, complete mailing address, zip code and date of birth. If more than one beneficiary, designate primary or secondary. Attach additional paper if needed. Sign and date all attachments.					

15. GROUP MEDICAL AND DENTAL INSURANCE ELECTION				16. GROUP LIFE INSURANCE ELECTION							
COVERAGE ELECTION DATE			OPEN SEASON ELECTION			COVERAGE ELECTION DATE			OPEN SEASON ELECTION		
DAY	MONTH	YEAR				DAY	MONTH	YEAR			
PUT AN 'X' IN THE BOXES THAT APPLY <input type="checkbox"/> a. I do not want group medical and dental insurance. <input type="checkbox"/> b. I request participation in the insurance plan stated here: 						PUT AN 'X' IN ONE BOX ONLY <input type="checkbox"/> a. I do not want group life insurance. <input type="checkbox"/> b. I request participation in one of the following plans: <input type="checkbox"/> 1 TIMES BASIC SALARY ABOVE <input type="checkbox"/> 2 TIMES BASIC SALARY ABOVE <input type="checkbox"/> 1 TIMES BASIC SALARY PLUS OPTIONAL \$ _____ <input type="checkbox"/> 2 TIMES BASIC SALARY PLUS OPTIONAL \$ _____					
THIS ELECTION MAY ONLY BE CHOSEN WITHIN 31 DAYS OF HIRE OR ELIGIBLE STATUS OR DURING THE OPEN SEASON PERIOD. <input type="checkbox"/> c. I request change from: to plan: <input type="checkbox"/> d. I am a transfer employee and I elect to continue participation in: MEDICAL PLAN 						BASIC INSURANCE CANNOT EXCEED \$250,000.00. OPTIONAL INSURANCE MAY BE UP TO 2 TIMES THE AMOUNT OF BASIC INSURANCE, IN MULTIPLES OF \$10,000.00 NOT TO EXCEED \$500,000.00. (Opt. over \$250K requires Evidence of Insurability.) <input type="checkbox"/> c. I am a transfer employee and I elect to continue coverage in life plan.					
TRANSFER DATE 						TRANSFER DATE 					
<input type="checkbox"/> e. I request cancellation of medical coverage. <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>						<input type="checkbox"/> d. I request cancellation of life insurance coverage.					

17. DEPENDENT DATA (Attach additional paper if more space is needed.) <i>Last Name, FI Code Social Security Number Day Month Year</i>				I authorize deductions from my earnings for the insurance elected. If I am on a LWOP status, my employer will pay my premiums NTE 1 year. I am responsible for paying LWOP premiums back to my employer as arranged with me by my employer.			
				18. EMPLOYEE SIGNATURE		19. DATE SIGNED	
				20. NAME, ADDRESS AND TELEPHONE NO. OF SERVICING CPO (Include ZIP code)			
21. TYPED NAME, TITLE AND TELEPHONE NO. OF CPO				22. SIGNATURE OF AUTHORIZING OFFICIAL		23. DATE SIGNED	

DO NOT USE - FOR OFFICIAL USE ONLY			
DATE RECEIVED	DATE PROCESSED	PROCESSED BY	TRANSACTION TYPE

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Internal Revenue Service Code, Section 401 (a).

PRINCIPAL PURPOSE(S): To enroll USANAF employees in the retirement plan and to update their records once enrolled. All regular employees must elect or decline participation.

ROUTINE USES: To establish and maintain records of eligible participating and former participating USANAF employees. To furnish verifying data to the commercial insurance companies which actually pay claims. To prepare bills to NAF activities monthly to collect the employee and employer contributions.

DISCLOSURE: Disclosure is voluntary. Failure to provide information will result in employee not being enrolled in the Group Retirement Plan.

INSTRUCTIONS FOR COMPLETING DA FORM 3473, PART I
(Also see Morale, Welfare, and Recreation Update 215-3, Chapter 15)

SEND COPIES TO: USANAF EMPLOYEE BENEFITS BRANCH, P.O. BOX 107, ARLINGTON, VA 22210-0107
 AND YOUR SERVICING PAYROLL OFFICE.

ITEM

1. Enter Last Name (TAB), First Name (TAB), Middle Initial (TAB).
2. Select Sex from the drop down box (TAB)
3. Enter Standard NAFI Number (SNN) assigned in accordance with AR 215-1, Appendix G. (TAB)
4. Transaction code. Select Transaction Code from the drop down box. If 2 transactions codes are needed, use the second drop down box. (TAB)
 - 00 - No enrollment. (Complete DA 3473, Part I, for all new eligible employees who do not make an election.)
 - 01 - New enrollment. (Complete DA 3473, Part I, who make an election.)
 - 02 - Transferred employee. (Complete DA 3473, Part I, by both losing and gaining activities and put date in 13a.) Gaining NAFI and employee must show continuing participation in USANAF Retirement on this form.
 - 03 - Reinstatement/Reemployment. (Complete DA 3473, Part I, for all eligible rehires.)
 - 04 - Termination of employment; change from regular appointment to a nonqualifying appointment. (Attach DA Form 3715-R when applicable.) DO NOT USE THIS CODE FOR TRANSFERS OF EMPLOYMENT FROM ONE ARMY NAFI TO ANOTHER (SEE CODE 02).
 - 06 - Stop retirement contributions.
 - 11 - Change or correction of name and/or address.
 - 19 - Correction of social security number.
 - 21 - Employee in LWOP status, employee contributions will stop. LWOP NTE one year, employee continues to earn creditable service.
 - 23 - Change of retirement plan beneficiary. (If married, beneficiary must be spouse if married longer than 1 year.)
 - 24 - Cease participation in USANAF retirement plan. (Must wait 2 years before reenrolling.)
 - 25 - Re-enroll in USANAF retirement plan. (If participation is cancelled after this re-enrollment, employee may not participate again.)
- 5 through 8. Use the TAB key after each entry. Select appropriate dates from the drop down boxes.
9. Enter earliest date in eligible status. (TAB)
10. Enter annual salary. (TAB)
11. Enter number of hours regularly scheduled and hourly rate. (TAB)
12. Select Yes or No from the drop down box. (TAB)
- 13.a. Complete this field using the drop down box, only if employee is transferring to another Army NAFI. (TAB)
- 13.b. Select date from the drop down boxes. Complete when separating employment or converting from a regular position to a flexible position. (TAB)
14. Employee may elect more than one primary beneficiary. Proceeds will be divided amongst primary beneficiaries. If additional paper is attached to designate beneficiaries, employee must sign and date beneficiary designations, select "Yes" on the front of this form. (TAB)
- 15 and 17. Refer to administrative manual. Effective date is the date the employee elects the retirement plan. Deductions will begin the first day of the first full pay period on or after date of election. Must be completed by all new eligible employees.
18. Must be completed by employee if married or separated.
- 19 through 24. Employee signature date must be selected from the drop down box. Self explanatory.

INSTRUCTIONS FOR COMPLETING DA FORM 3473, PART II

(Also see *Morale, Welfare, and Recreation Update 215-3, Chapter 15*)

**SEND COPIES TO: USANAF EMPLOYEE BENEFITS BRANCH, P.O. BOX 107, ARLINGTON, VA 22210-0107
AND YOUR SERVICING PAYROLL OFFICE.**

ITEM

1. Enter Last Name (TAB), first Name (TAB), Middle Initial (TAB)
2. Select Sex from the drop down box (TAB)
3. Enter Standard NAFI Number (SNN) assigned in accordance with AR 215-1, Appendix G. (TAB)
4. Transaction code. Select Transaction Code from the drop down box. If 2 transaction codes are needed, use the second drop down box. (TAB)
 - 00 - No enrollment. (Complete DA 3473, Part II, for all new eligible employees who do not make an election.)
 - 01 - New enrollment. (Complete DA 3473, Part II for those who elect medical or life insurance coverage.
 - 02 - Transferred employee. (Complete DA 3473, Part II, by both losing and gaining activities and put date in 13a.) Gaining NAFI and employee must show continuing participation in medical plans on this form. Employee may change from the NAF Medical Plan to an HMO, if the HMO was not offered at the losing NAFI, otherwise must wait until open season.
 - 03 - Reinstatement/Reemployment. (Complete DA 3473, Part II, for all eligible rehires.)
 - 04 - Termination of employment; change from regular appointment to a non-qualifying appointment. (Attach DA Form 3715-R when applicable.) *DO NOT USE THIS CODE FOR TRANSFERS OF EMPLOYMENT FROM ONE ARMY NAFI TO ANOTHER (SEE CODE 02).*
 - 05 - Request Medical and/or Life Insurance; add dependent coverage (eligible within 31 days of acquiring first dependent or date of marriage); delete dependent coverage; cancellation of medical insurance and/or life insurance; open enrollment changes (adding or deleting coverage); change in amount of life insurance.
 - 11 - Change or correction of name, address, etc.
 - 19 - Correction of social security number.
 - 20 - Employee in LWOP status, employer pays employee and employer premiums, NTE 1 Yr.
 - 21 - Employee in LWOP status, employee and employer contributions will stop. Insurance coverage suspended for duration of LWOP NTE one year. (See AR 215-5, 8-16.)
 - 22 - Change of life insurance beneficiary. (Use DA Form 3473, Part I, to change retirement beneficiary.)
- 5 through 8. Self explanatory. Use the TAB key after each entry. Select appropriate dates from the drop down boxes.
9. Enter earliest date in eligible status. (TAB)
10. Enter annual salary. (TAB)
11. Enter number of hours regularly scheduled and hourly rate. (TAB)
12. Select Yes or No from the drop down box. (TAB)
- 13.a. Complete this field using the drop down box, only if employee is transferring to another Army NAFI.
- 13.b. Select date from the drop down boxes. Complete when separating employment or converting from a regular position to a flexible position. (TAB).
14. Employee may elect more than one primary beneficiary. Proceeds will be divided amongst primary beneficiaries. If additional paper is attached to designate beneficiaries, employee must sign and date beneficiary designations on separate form. Select "Yes" on front of form.
- 15 and 16. Effective date for the DoD NAF HBP will be the date the form is signed by the employee within 31 days of hire. Effective date of Life Insurance and HMO coverage will be the first day of the first full pay period, on or after coverage election date (except for open season elections). Must be completed by all new eligible employees. Refer to www.NAFbenefits.com. Employee should check leave and earnings statement for correct coverage deductions. Basic Life Insurance cannot exceed \$250K. Optional life insurance cannot exceed \$500K. Evidence of Insurability required on more than \$250K optional ins.
- 17 through 23. All fields required to be completed. Self explanatory.

APPLICATION FOR US ARMY NAF EMPLOYEE 401(k) SAVINGS PLAN ENROLLMENT FORM

1. EMPLOYEE NAME		2. SEX	3. STANDARD NAF #	4. TRANSACTION CODE
5. COMPLETE MAILING ADDRESS (OBSOLETE AFTER 2000)			6. SOCIAL SECURITY #	7. FIRST CONTRIBUTION
			8. DATE OF BIRTH (DOB)	9. REGULAR APPT. DATE
10. SALARY SCHEDULE	11. REGULARLY SCHEDULED HOURS	12. MARRIED	13a. TRANSFER DATE	13b. TERMINATION DATE
14. CONTRIBUTION INFORMATION:				
I ELECT ONE OF THE FOLLOWING:				
START CONTRIBUTIONS	STOP CONTRIBUTIONS	DECLINE PARTICIPATION	REINSTATEMENT	CONTINUE CONTRIBUTIONS
I CHOOSE TO CONTRIBUTE/CHANGE THE FOLLOWING PERCENTAGE OF MY PAY _____ % (PERCENTAGE AMOUNTS MUST BE IN WHOLE PERCENTAGES BETWEEN 1% AND 22% INCLUSIVE). (1%-22%)			I am transferring to another Army NAFI My position converted from NAF to AF	
15. DESIGNATION OF BENEFICIARY(IES) FOR USANAF 401(K) SAVINGS PLAN.				
As a participant in the U.S. Army NAF Employee 401(k) Savings Plan, I hereby designate the following person(s) as the beneficiary(ies) of any amounts distributable upon my death. If I have designated both a primary beneficiary(ies) and a secondary beneficiary(ies), all of the amounts distributable from the Plan will be distributed at the time of my death to each surviving primary beneficiary in equal shares. If no primary beneficiary survives me, each surviving secondary beneficiary(ies) shall receive all amounts distributable from the Plan in equal shares. I can change the designation at any time by filing a new designation with the U.S. Army NAF Employee Benefits Office. This designation is subject to the terms of the Plan, and is effective if received in the USANAF Employee Benefits Office prior to my death. Include full name, relationship, complete mailing address, zip code. NOTE: If you are married and you wish to designate someone other than, or in addition to, your spouse as primary beneficiary, your spouse must consent in writing and the signature must be notarized. See Box 16 Below.				
Primary	Name _____	Address _____	City/State/Zip _____	Relationship _____
Primary	Name _____	Address _____	City/State/Zip _____	Relationship _____
Secondary	Name _____	Address _____	City/State/Zip _____	Relationship _____
Primary	Name _____	Address _____	City/State/Zip _____	Relationship _____
Secondary	Name _____	Address _____	City/State/Zip _____	Relationship _____
Primary	Name _____	Address _____	City/State/Zip _____	Relationship _____
Secondary	Name _____	Address _____	City/State/Zip _____	Relationship _____
16. SPOUSAL CONSENT FOR NON-SPOUSE PRIMARY BENEFICIARY DESIGNATION.				
STATE OF _____ COUNTY OF _____ SPOUSE'S NAME: _____ SPOUSE'S SIGNATURE: _____ SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 200____. RAISED SEAL REQUIRED		I consent to the beneficiary(ies) designated by my spouse on this form. I acknowledge that upon the Participant's death, the effect of my consent is the following: If only one primary beneficiary is listed, the entire amount distributable under the Plan will be distributed to the designee, if living, and will not be distributed to me. If another or others are listed in addition to me as a primary beneficiary(ies) a portion of the amount distributed will be received by the surviving designees. If I am a secondary beneficiary, I will not receive any amount if any primary beneficiary is living at the time of the Participant's death. If no primary beneficiary is living, and others are listed with me as a secondary beneficiary, a portion of the amounts distributed will be received by the surviving designees and will not be received by me. NOTARY PUBLIC FOR ABOVE-MENTIONED STATE MY COMMISSION EXPIRES: _____ NOTARY NAME: _____		
NOTE: UPON MY INITIAL ENROLLMENT IN THE USANAF 401(K) SAVINGS PLAN, I UNDERSTAND THAT MY DEFERRAL PERCENTAGE WILL BE INVESTED IN THE FIDELITY RETIREMENT MONEY MARKET FUND. IT IS MY RESPONSIBILITY TO CONTACT FIDELITY AT 1-800-835-5093 AFTER THE FIRST WITHHOLDING FROM MY PAY TO TRANSFER MY MONEY FROM ONE FUND TO ANOTHER.				
17. AUTHORIZATION				
EMPLOYEE SIGNATURE _____		DATE: _____		
CPU SIGNATURE _____		DATE: _____		

EBB 401(K) ENROLLMENT FORM (AUG 92) EDITION OF OCT 91 IS OBSOLETE

PLAN # 90076

DISTRIBUTION: NAF FINANCIAL SERVICES (NFS) OPF EMPLOYEE BENEFITS OFFICE EMPLOYEE

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a)

AUTHORITY: Internal Revenue Code, Section 401(k)

PRINCIPAL PURPOSE(S): To enroll Army NAF Employees in the Employee 401(k) Savings Plan and to update their records once enrolled. All regular employees must elect or decline participation.

ROUTINE USES: To establish and maintain records of eligible participating and former participating NAF employees. To furnish verifying data to the commercial investment companies that manage the funds.
To prepare bills to NAF activities monthly to collect the employee and employer contributions.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Disclosure is voluntary. Failure to provide information will result in employee not being enrolled in the Employee 401(k) Savings Plan.

INSTRUCTIONS FOR COMPLETING EBB 401(K) ENROLLMENT FORM

(SEND COPIES TO: USANAF EMPLOYEE BENEFITS, P.O. BOX 107, ARLINGTON, VA 22210-0107 AND NAF FINANCIAL SERVICES, TEXARKANA, TX)

ITEM

1. Enter last name, first name and middle initial
2. Self explanatory
3. Enter standard NAFI number (SNN) assigned in accordance with AR 215-1, Appendix G or provide the installation code and work center from the earnings and leave statement
4. Transaction Code. Enter one code stated below (some codes are obsolete on the printed form and therefore not listed below;
 - 00-No enrollment. Employee declines participation
 - 01-New enrollment. Employee elects to start contributions
 - 02-Transferred Employee. Also must complete DA 3473-1, DA 3473-2 by both losing and gaining activities. Gaining NAFI and employee must show continuing participation in NAF Employee 401(k) Savings Plan on this form. This form must be completed by the losing NAFI and the gaining NAFI to ensure uninterrupted of participation.
 - 03-Re-instatement/Re-employment. Use this code for former participating employees who were re-employed within 5 years. Forfeitures will be restored if re-instated in Army NAF position before the end of 5 years after termination.
 - 04-Termination of employment OR change from a regular appointment to a non-qualifying appointment (flexible). DO NOT USE THIS CODE FOR TRANSFERS OF EMPLOYMENT FROM ONE ARMY NAFI TO ANOTHER ARMY NAFI.
 - 06-Stop 401(k) Savings plan contributions.
 - 07-Start 401(k) Savings plan contributions.
 - 11-obsolete. Use DA Form 3473
 - 19-obsolete. Use DA Form 3473
 - 21-obsolete.
 - 23-Change of 401(k) Savings Plan beneficiary of record. If married, beneficiary must be spouse, unless block 16 is completed.
5. Do not complete this section. Official Address of record must be completed on DA Form 3473.
6. Self explanatory
7. Obsolete
8. Self explanatory
9. Enter earliest date in an eligible status (regular appointment date)
- 10-11. Obsolete
12. Self explanatory
- 13(a). Complete this field only if employee is transferring to another Army NAFI or to an AF position in accordance with P.L. 104-106.
- 13(b) Enter separation of employment date.
14. Re-instatement should only be checked if the employee is re-employed before the end of 5 years after separation. If employee transfers between Army NAFI's and is participating, CONTINUE CONTRIBUTIONS BOX must be checked.

If employee's position is converted to Appropriated Fund and the employee has participated in the USANAF Retirement Plan for 5 years, employee may elect to remain in the 401(k) Savings Plan, only if he/she remains participating in the USANAF Retirement Plan. Both elections must be made within 30 days of transfer. Must also complete NAF-CSRS-FERS form "ELECTION TO RETAIN NAFI RETIREMENT COVERAGE AS A RESULT OF A MOVE FROM A NONAPPROPRIATED FUND POSITION TO A CIVIL SERVICE POSITION AFTER AUGUST 9, 1996", and send to the Army NAF Employee Benefits Office, servicing civilian payroll center and employee's OPF.
15. Must designate at least one primary beneficiary. (Further instructions on front)
16. Spouse is legal beneficiary unless he/she waives his/her entitlement.
17. Employee and Civilian Personnel Officer must sign and date this form to commence withholding from paycheck.

APPLICATION FOR US ARMY NAF EMPLOYEE 401(k) SAVINGS PLAN**PAYOUT FORM**

1. EMPLOYEE NAME		2. SEX	3. STANDARD NAF #	4. PLAN NUMBER																									
5. COMPLETE MAILING ADDRESS			6. SOCIAL SECURITY #	7. FIRST CONTRIBUTION																									
ADDR1			8. DATE OF BIRTH (DOB)	9. REGULAR APPT. DATE																									
			10. VESTING DATE	11. TERMINATION DATE																									
CITY	STATE	ZIP																											
12. WITHDRAWAL REASON (SELECT ONE ONLY)																													
<table><tr><td>SEPARATION</td><td colspan="4">ATTACH COMPLETED DA FORM 3434 OR 3473 FOR SEPARATION FROM EMPLOYMENT.</td></tr><tr><td>DEATH</td><td colspan="4">ATTACH COMPLETED DA FORM 3434 OR 3473 FOR SEPARATION FROM EMPLOYMENT AND A CERTIFIED DEATH CERTIFICATE OF PARTICIPANT</td></tr><tr><td>DISABILITY</td><td colspan="4">ATTACH FULLY COMPLETED EBB FORM 766-G FOR DETERMINATION OF DISABILITY BY SURGEON GENERAL.</td></tr><tr><td>HARDSHIP</td><td colspan="4">ATTACH NOTARIZED COPIES OF PROOF OF HARDSHIP, EMPLOYER CONTRIBUTIONS MAY NOT BE WITHDRAWN. REASON FOR HARDSHIP WITHDRAWAL (CHECK BOX THAT APPLIES)</td></tr><tr><td>Purchase of principal Residence</td><td>Unreimbursed Medical Expenses</td><td>Tuition for next 12 months of Post secondary education</td><td colspan="2">Prevent eviction or foreclosure principal residence</td></tr></table>					SEPARATION	ATTACH COMPLETED DA FORM 3434 OR 3473 FOR SEPARATION FROM EMPLOYMENT.				DEATH	ATTACH COMPLETED DA FORM 3434 OR 3473 FOR SEPARATION FROM EMPLOYMENT AND A CERTIFIED DEATH CERTIFICATE OF PARTICIPANT				DISABILITY	ATTACH FULLY COMPLETED EBB FORM 766-G FOR DETERMINATION OF DISABILITY BY SURGEON GENERAL.				HARDSHIP	ATTACH NOTARIZED COPIES OF PROOF OF HARDSHIP, EMPLOYER CONTRIBUTIONS MAY NOT BE WITHDRAWN. REASON FOR HARDSHIP WITHDRAWAL (CHECK BOX THAT APPLIES)				Purchase of principal Residence	Unreimbursed Medical Expenses	Tuition for next 12 months of Post secondary education	Prevent eviction or foreclosure principal residence	
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14. AUTHORIZATION																													
I HEREBY AUTHORIZE THE PAYOUT AMOUNT STATED ABOVE. I UNDERSTAND THAT ALL WITHDRAWALS WILL BE REPORTED TO THE INTERNAL REVENUE SERVICE (IRS).																													
PARTICIPANT SIGNATURE		DATE																											
CPU SIGNATURE		DATE																											
NAME AND ADDRESS OF CPU																													
INCLUDE CPU TELEPHONE #																													

EBB 401(K) PAYOUT FORM (AUG 92) EDITION OF OCT 91 IS OBSOLETE

PLAN # 90076

DISTRIBUTION:

OPF

EMPLOYEE BENEFITS OFFICE

EMPLOYEE

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 USC 552a)

AUTHORITY: Internal Revenue Code, Section 401(k)

PRINCIPAL PURPOSE(S): To disburse the funds of the participants of the Army NAF Employee 401(k) Savings Plan

ROUTINE USES: To verify current participation and eligibility for withdrawal of funds.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Disclosure is voluntary. Failure to provide information will result in employee not receiving his/her accrued benefits of the Army NAF Employee 401(k) Savings Plan.

INSTRUCTIONS FOR COMPLETING EBB 401(K) PAYOUT FORM

(SEND COPIES TO: USANAF EMPLOYEE BENEFITS, P.O. BOX 107, ARLINGTON, VA 22210-0107 AND NAF FINANCIAL SERVICES, TEXARKANA, TX)

ITEM

1. Enter last name, first name and middle initial
2. Self explanatory
3. Enter standard NAFI number (SNN) assigned in accordance with AR 215-1, Appendix G or provide the installation code and work center from the earnings and leave statement
4. No entry needed.
5. Complete mailing address that employee wants distribution to be mailed.
6. Self explanatory
7. Obsolete
8. Self explanatory
9. Enter earliest date in an eligible status (regular appointment date)
10. Obsolete
11. Enter date separated from employment or date employee entered an ineligible status (i.e. flexible appointment)
12. Select the appropriate withdrawal reason. If withdrawal is due to a hardship, the appropriate reason box must be selected. The employee must attach evidence of hardship such as medical bills, foreclosure notice, tuition bill, or proposed contract for primary residence. Employee must suspend contributions to the Plan for 12 months after receipt of hardship distribution. After the 1 year waiting period is completed, the employee must complete a new 401(k) enrollment form. The maximum the employee may contribute in the year following the year in which the hardship withdrawal is made, will be reduced by the amount the employee contributed in the year the withdrawal was made. Hardship withdrawals must be approved by the Employee Benefits Office. All withdrawals will be based on the value of the employee's account as of the last valuation date. No more than one withdrawal is permitted during any 12 month period. Hardship withdrawals must be for an immediate and heavy financial need for the reason selected on the front of this form. Disability requests will be sent to the Surgeon General for determination or the Program Manager may make the disability determination as defined by the Plan.
13. Employee is liable for payment of Federal income tax and penalties on any taxable portion of the distribution. Employee may still be responsible for his/her Federal income tax obligation in excess of the amount withheld. If you elect to roll over a lump sum distributions to an IRA or other qualified plan, you must do so within the time permitted by law (currently 60 days from the date payment is made) to avoid a tax penalty. If you have reached age 59 ½, there is no penalty when you receive your distribution, but the distribution is subject to Federal, state and local taxes unless rolled over into an IRA or other qualified plan. Distributions are subject to 20% Federal withholding tax.
14. Instructions on front of form.

US ARMY NONAPPROPRIATED FUNDS – DISPOSITION OF RETIREMENT BENEFITS

For use of this form, see AR 215-3; the proponent agency is DCSPER

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Internal Revenue Service Code, Section 401(a)

PRINCIPAL PURPOSE: The information you provide is for the purpose of preparing a refund of contributions or to process a retirement annuity

ROUTINE USES: For terminating employees, the information is used to prepare a refund or a deferred annuity as requested. For retirement employees, the information is used to process a monthly annuity payment thereafter. For survivors, the information is used to process survivor benefits.

DISCLOSURE: Disclosure of your social security number and primary insurance amount is voluntary. Disclosure of other personal information is voluntary, however, failure to provide this information within one year of termination of employment will result in automatic refund of contributions and denial of annuity.

SECTION I - GENERAL INFORMATION

EMPLOYEE NAME (LAST, FIRST, MI) **SOCIAL SECURITY NUMBER** **DATE OF BIRTH**

COMPLETE MAILING ADDRESS (STREET, CITY, STATE, ZIP) **TELEPHONE #**

SERVICE COMPUTATION DATE **DATE OF SEPARATION AND REASON** **SICK LEAVE HRS**

EMPLOYING NAFI

MARITAL STATUS **NAME OF LEGAL SPOUSE (LAST, FIRST, MI)**

SOCIAL SECURITY NUMBER OF LEGAL SPOUSE **DATE OF BIRTH OF LEGAL SPOUSE** **DATE OF MARRIAGE**

In the event there is no surviving legal spouse, list names and dates of birth of surviving children under age 18 on reverse side with a certified copy of the court document which appointed the legal guardian. The date of marriage and the date(s) of birth of the Survivor(s) have been verified by satisfactory evidence and the benefit authorized. A certified copy of the Death Certificate is attached.

Annually, Benefits resulting from the death of the employee are payable in accordance with the Army NAF Retirement Plan.

SECTION II - RETIREMENT FUND OPTIONS

CHECK ONE:

IN ACCORDANCE WITH AR 215-3

- I REQUEST A REFUND OF MY CONTRIBUTIONS AND ACCUMULATED INTEREST IN FULL SATISFACTION OF ALL ANNUITY PAYABLE.
- I REQUEST MY CONTRIBUTIONS REMAIN ON DEPOSIT FOR A MAXIMUM OF 5 YEARS.
- I REQUEST AN IMMEDIATE ANNUITY (NORMAL OR EARLY RETIREMENT)
- I REQUEST A DEFERRED ANNUITY PAYABLE AT AGE 62.
- I REQUEST DISABILITY RETIREMENT.
- I REQUEST DISABILITY RETIREMENT DUE TO WORK RELATED INJURY/DISEASE.
- I REQUEST SURVIVOR BENEFITS.

SECTION III - EMPLOYEE'S OR SURVIVOR SIGNATURE

SIGNATURE OF EMPLOYEE/SURVIVOR **DATE**

SECTION IV - VERIFICATION

THE ABOVE INFORMATION HAS BEEN VERIFIED FROM THE EMPLOYEE'S PERSONNEL RECORDS AND DA FORM 3473 CODED 04 IS ATTACHED.

SECTION V - CPU MAILING ADDRESS

CPU

ADDRESS

CIVILIAN PERSONNEL OFFICER SIGNATURE

DATE

WAIVER OF US ARMY NONAPPROPRIATED FUND RETIREMENT BENEFITS

STATE OF _____, COUNTY (CITY) OF _____

On the _____ day of _____, 200_, before me
personally came _____, to me known, who
(Spouse)
being by me duly sworn did depose and say that he/she is the lawful spouse of
_____, who is entitled to a benefit from the
(Employee)
U.S. Army Nonappropriated Fund Retirement Plan, in accordance with
(P.L. 98-397 Jan 85), which requires vested married employees to provide
survivor benefits to their spouse upon death, and that he/she does now freely
and without duress hereby waive irrevocably, his/her entitlement to a benefit from
the U.S. Army Nonappropriated Fund Retirement Plan, Additionally, he/she
does understand that by such waiver of retirement benefits, that he/she is not
now entitled to a retirement benefit from the U.S. Army Nonappropriated Fund
Retirement Plan.

Type Spouse's Name	_____
Type Spouse's Social Security #	_____
Type Employee Name	_____
Type Employee Social Security #	_____

_____ Spouse Signature	_____ Date
---------------------------	---------------

_____ Notary Public's Signature	_____ Date
------------------------------------	---------------

Notary Public Seal

**U.S. Army Nonappropriated Fund
Disability Application**

EBB Form 766-R

CONTROL NUMBER: GAC 3730

EMPLOYER: The form should be given to the employee with instructions to mail it when completed by the claimant and the Attending Physician to the U.S. Army Employee Benefits Branch, P.O. Box 107, Arlington, Virginia 22210-0107.

PART A (to be completed by Employee)

EMPLOYEE: (1) Please fill out and sign this portion of your Application for Group Life Insurance Disability Benefits and/or Retirement Disability Benefits and/or 401(k) Savings Plan Disability Benefits.(IMPORTANT) - Failure to fully answer all questions will cause delay in the claim processing. Should you need assistance in completing this form, contact your Employer. (2) When completed and signed by you, forward to your Attending Physician with instructions to Complete Part C and forward to the Employee Benefits Branch at the address above.

1. LAST NAME	FIRST NAME	MI	SEX	SOCIAL SECURITY #
--------------	------------	----	-----	-------------------

2. DATE OF BIRTH	MARRIED	NUMBER OF CHILDREN DEPENDENT UPON YOU FOR SUPPORT
------------------	---------	------------------------------------------------------

3. MAILING ADDRESS (No., Street, Apt. No., P.O. Box or Rural Route) (City) (State) (Zip Code) TELEPHONE #

4. DESCRIBE THE DUTIES OF YOUR USUAL JOB IN YOUR OWN WORDS:

JOB TITLE	YOUR EMPLOYER
-----------	---------------

5. DID YOUR USUAL JOB INVOLVE:
- A. THE USE OF MACHINES, TOOLS, OR EQUIPMENT?
 - B. TECHNICAL KNOWLEDGE OR SPECIAL SKILLS?
 - C. ANY SUPERVISORY RESPONSIBILITIES?
 - D. TRAVEL?

PLEASE EXPLAIN ALL YES ANSWERS:

6. DESCRIBE THE KIND AND AMOUNT OF PHYSICAL ACTIVITY INVOLVED IN YOUR JOB DURING A TYPICAL WORK DAY
(SELECT NUMBER OF HOURS IN A DAY THAT YOU PERFORM THESE ACTIONS AT WORK).

LIFTING AND CARRYING (DESCRIBE WHAT WAS LIFTED, HOW HEAVY IT WAS, HOW OFTEN IT WAS LIFTED AND HOW FAR IT WAS CARRIED).

7. HOW DOES YOUR ILLNESS OR INJURY NOW PREVENT YOU FROM PERFORMING YOUR USUAL DUTIES AS DESCRIBED
IN ITEMS 4, 5 & 6?

8a. LIST ANY SKILLS WHICH YOU MAY HAVE AS A RESULT OF PRIOR EMPLOYMENT, TRAINING OR EDUCATION, OR MILITARY
SERVICE:

8b. LIST LAST YEAR OF SCHOOL COMPLETED:

9. BEFORE YOU STOPPED WORKING, DID YOUR ILLNESS OR INJURY CAUSE YOU TO CHANGE:

- a. YOUR JOB OR DUTIES?
- b. YOUR HOURS OF WORK?
- c. YOUR ATTENDANCE?

(EXPLAIN HOW YOUR CONDITION CAUSED THESE CHANGES AND SHOW THE DATES THE CHANGES WERE MADE.)

10. BRIEFLY DESCRIBE YOUR INJURY OR ILLNESS THAT PREVENTS, OR HAS PREVENTED YOU FROM WORKING:

11. IF CONDITION DUE TO INJURY, PLEASE INDICATE THE FOLLOWING:

DATE OF INJURY

WHERE DID IT OCCUR?

12. DESCRIBE HOW ACCIDENT OCCURRED:

13. WHAT WAS YOUR LAST DAY OF WORK BECAUSE OF THIS DISABILITY? ARE YOU STILL DISABLED?

14. IF YOU ARE NO LONGER DISABLED, ENTER DATE YOU WERE AGAIN TO WORK (MONTH, DAY, YEAR) DATE OF FIRST TREATMENT FOR THIS ILLNESS OR INJURY

15. LIST THE NAME, ADDRESS AND TELEPHONE NUMBER OF THE DOCTOR WHO HAS YOUR LATEST MEDICAL RECORDS.

IF YOU HAVE NO DOCTOR, CHECK HERE

NAME

AREA CODE & TEL NO.

ADDRESS

16. HOW OFTEN DO YOU SEE THIS DOCTOR? DATE OF FIRST VISIT DATE OF LAST VISIT

17. REASONS FOR VISITS

TYPE OF TREATMENT
RECEIVED:

18. HAVE YOU SEEN ANY OTHER DOCTOR SINCE YOUR ILLNESS OR INJURY BEGAN?

IF "YES" SHOW THE FOLLOWING:

NAME

AREA CODE & TEL NO.

ADDRESS

19. HOW OFTEN DO YOU SEE THIS DOCTOR? DATE OF FIRST VISIT DATE OF LAST VISIT

20. REASONS FOR VISITS

TYPE OF TREATMENT
RECEIVED:

21. HAS YOUR DOCTOR TOLD YOU TO RESTRICT YOUR ACTIVITIES IN ANY WAY?

IF "YES", GIVE NAME OF DOCTOR AND STATE WHAT HE/SHE TOLD YOU ABOUT RESTRICTING YOUR ACTIVITIES

22. CHECK ANY OF THE FOLLOWING WHICH APPLY TO YOU:

CONFINED IN A HOSPITAL OR OTHER MEDICAL INSTITUTION. _____
CONFINED TO A BED OR WHEEL CHAIR AT HOME. _____
NONE OF THE ABOVE BUT UNABLE TO GO OUTSIDE. _____
ABLE TO GO OUTSIDE ONLY WITH HELP OF ANOTHER PERSON OR DEVICE. _____
ABLE TO GO OUTSIDE WITHOUT HELP. _____

23. ARE YOUR HOME DUTIES, SOCIAL ACTIVITIES OR ABILITY TO CARE FOR YOUR PERSONAL NEEDS LIMITED IN ANY WAY?
IF "YES" DESCRIBE HOW AND WHY THEY ARE LIMITED.

24. DO YOU EXPECT TO RETURN TO WORK	DATE EXPECTED TO RETURN	DATE RETURNED
-------------------------------------	-------------------------	---------------

25. HAVE YOU BEEN SEEN BY OTHER AGENCIES FOR YOUR INJURY OR ILLNESS (VA, VOCATIONAL, REHABILITATION WELFARE, ETC.)?
IF "YES" SHOW THE FOLLOWING:

NAME OF AGENCY _____
ADDRESS OF AGENCY _____
YOUR CLAIM NO. _____ DATES OF VISITS _____ TYPE OF TREATMENT OR EXAMINATION _____

RECEIVED

26. HAVE YOU EVER FILED (OR DO YOU INTEND TO FILE) CLAIMS FOR DISABILITY BENEFITS UNDER ANY:
WORKER'S COMPENSATION LAW OR PLAN?
SOCIAL SECURITY?

27. HAS THERE BEEN ANY DECISION OR ANY PAYMENT (TEMPORARY, PERMANENT, OR LUMP SUM) MADE ON THE CLAIMS FILED?

WORKER'S COMPENSATION CLAIM #s _____

28. ARE YOU ENTITLED TO DISABILITY BENEFITS FROM WORKER'S COMPENSATION BECAUSE OF THIS DISABILITY:

SOURCES	IDENTIFY INSURANCE OR AGENCY	BENEFIT AMOUNT	HOW PAYABLE	
			FROM	THRU
Worker's Compensation	ALEXSIS	\$		

AUTHORIZATION

The above answers are true and complete according to the best of my knowledge and belief. I authorize any employer, insurance company, medical prepayment plan, service organization, physician, practitioner or other person; any hospital including the Veterans Administration, or other institution to release to or obtain from the US Army Nonappropriated Benefits Branch, any medical or benefit payment information that may be required to establish the validity of this claim, said company, person or organization, to disclose any personal or claim information required for medical case study or review. A photostat of this authorization shall be as valid as the original.

EMPLOYEE'S SIGNATURE _____ DATE _____

YOU MUST NOTIFY THE EMPLOYEE BENEFITS BRANCH PROMPTLY IF:

- Your medical condition improves so that you would be able to work, even though you have not yet returned to work.
- You go to work whether as an employee or as a self-employed person.

**ATTENDING PHYSICIAN'S
STATEMENT**

**REPLY TO:
US ARMY NAF EMPLOYEE BENEFITS BRANCH
P.O. BOX 107
ARLINGTON, VA 22210-0107**

PATIENT'S NAME

POLICYHOLDER NAME

DATE OF BIRTH_

CONTROL NUMBER: GAC 3730

The purpose of this report is to assist us in making a disability determination. In filing out this report please include insufficient details of history, physical and diagnostic findings, clinical course, therapy and response to enable us to make this determination. After signing this form, return it to the address noted above.

1. HISTORY

- (a) Patient's Age.....
- (b) When did symptoms first appear or accident happen.....
- (c) Date patient ceased work because of disability.....
- (d) Has patient ever had same or similar condition?.....
if "Yes" state when and describe.....

2. DIAGNOSIS (including any complications)

- (a) Subjective symptoms.....
- (b) Objective findings.....
(including current signs, laboratory data & X-ray results)

3. DATES OF TREATMENT

- (a) Date of first visit.....
- (b) Date of last visit.....
- (c) Frequency.....

4. NATURE OF TREATMENT (Including Surgery, if any)

5. PROGRESS

- (a) Check one..... Recovered Improved Unchanges Retrogressed
- (b) Is patient..... Ambulatory?
Bed confined?
- (c) If hospital confined..... Name of hospital
Confined from through

6. PHYSICAL IMPAIRMENT (AS IT RELATES TO EMPLOYMENT)

Class 1 - No limitation of functional capacity; capable of heavy physical activity. No restrictions. (0-10%)
Class 2 - Slight limitation of functional capacity; capable of light manual activity. (15-30%)
Class 3 - Moderate limitation of functional capacity; capable of clerical/administrative (sedentary) activity (35-55%)
Class 4 - Marked limitation. (60-70%)
Class 5 - Severe limitation of functional capacity; incapable of minimal (sedentary) activity. (75-100%)
Remarks:

5. COMPETENCY

Is the patient competent to endorse checks and direct the use of the proceeds thereof?

6. PROGNOSIS

(a) Do you expect a fundamental or marked change in the future?	No	Yes-Improvement Yes-Deterioration
	HIS JOB	OTHER WORK
(b) if improved, will patient recover sufficiently to perform duties of	No	No
3-6 mos 6-12 mos over 1 yr	Yes	Yes
		3-6 mos 6-12 mos over 1 yr
(c) If no improvement expected, please explain		

7. REHABILITATION

	HIS JOB		OTHER WORK	
(a) Is patient a suitable candidate for trial employment or job training?	Yes	No	Yes	No
(b) If yes, when could he commence trial employment?		full time	part-time	
	mos. day year		mos. day year	
(c) If no, please explain_				

8. REMARKS

Date	Name (Attending Physician) Print	Degree	Telephone
Street Address	City or Town	State or Province	Zip Code
Signature			

**Statement of Intent to Purchase Military Service Credit in the
US Army Nonappropriated Fund Employee Retirement Plan**

I certify that I have not received military service credit under any other employer's retirement system. I certify this is a truthful statement. I further certify that within 30 days of making any future application for recognition of military service credit under another retirement plan, I will notify the Administrator of the US Army Nonappropriated Fund Employee Retirement Plan (Army NAF Plan) of such application. I understand I may not receive credit for the same military service under more than one retirement system. I understand that if multiple military service credit occurs, I authorize the Administrator of the Army NAF Plan to make appropriate adjustments to my benefit (or to the benefit of my survivor or beneficiary) from the Army NAF Plan to include cancellation of military service credit under the Army NAF Plan. I understand if I intentionally defraud the United States government or one of its instrumentalities, I may be prosecuted to the fullest extent of the law.

I further state that it is my intent to pay the deposit necessary to obtain credit for my military service after 1956 (not to exceed 5 years). I understand that I must pay the entire deposit the Army NAF Plan before separation of active employment and that if I do not complete the deposit at that time, the post 1956 military service will not be used to compute my annuity except that my survivor shall be afforded an opportunity to complete the deposit in a lump sum before payment of his/her entitlement. If my military service credit was incurred prior to 1956, I am not required to make a deposit to the Army NAF Plan.

I understand that this military service credit will not be used to gain entitlement to a benefit from any other retirement plan.

I authorize the Administrator of any retirement system to provide information to the Administrator of the Army NAF Plan regarding crediting of my military service for retirement plan purposes.

TYPED EMPLOYEE'S FULL NAME
#

TYPED EMPLOYEE'S SOCIAL SECURITY

Employee Street Address

Employee Daytime phone number

Employee (City, State, Zip)

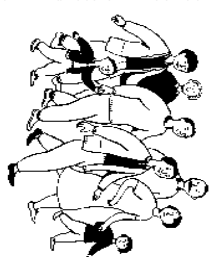
Employee Workcenter

Signature of Employee

Date signed

NOTARY PUBLIC SEAL

Return completed and notarized form to: USANAF Employee Benefits Office, P.O. Box 107, Arlington, VA 22210-0107

**APPLICATION TO MAKE DEPOSIT FOR MILITARY SERVICE CREDIT TO USANAF RETIREMENT PL**

To avoid delay in processing:
1. Read all information carefully.
2. Typewrite or print in ink.
3. Complete Part A in full.

4. Submit this completed form with DD Form 214 or completed RI 20-97 and completed SF 180 to the Employee Benefits Office, P.O. Box 107, Arlington, VA 22210-0107

A. TO BE COMPLETED BY THE APPLICANT (EMPLOYEE)

1. Name Last First Middle		2. List All Other Names You Have Used		3. Birthdate (M/D/YR)	
4. Address Number & Street		5. Dept or Agency in Which Presently Employed		6. SSN	
City, State and Zip		7. Location of Employment (City and State)		8. Title of Last Position	
List below in chronological order, all periods of military service which have NOT been used as credit in another employer's retirement plan.					
Military Branch	Duty Station	Position Title	Periods of Service Beginning Date Ending Date	Has this service been applied as credit toward another employer's retirement plan? <input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	
				<input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	
				<input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	
				<input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	
				<input type="checkbox"/> YES <input type="checkbox"/> NO Signature of Employee Date	

I WISH TO PAY THE DEPOSIT NECESSARY TO OBTAIN CREDIT FOR MY MILITARY SERVICE AFTER 1956. I UNDERSTAND THAT THE ENTIRE DEPOSIT MUST BE PAID TO THE USANAF EMPLOYEE RETIREMENT PLAN BEFORE SEPARATION FOR RETIREMENT AND THAT IF I DO NOT COMPLETE THE DEPOSIT AT THAT TIME, THE POST MILITARY SERVICE WILL NOT BE USED TO COMPUTE OR ESTABLISH TITLE TO A USANAF RETIREMENT PLAN ANNUITY. ANY INCOMPLETE DEPOSIT THAT IS INSUFFICIENT TO PAY FOR THE MILITARY SERVICE CLAIMED, WILL BE REFUNDED WITHOUT ADDITIONAL INTEREST AND NO MILITARY SERVICE CREDIT WILL BE APPLIED. OTHERWISE, MY DEPOSIT IS REFUNDABLE ONLY IF I BECOME ELIGIBLE FOR A REFUND OF USANAF RETIREMENT PLAN CONTRIBUTIONS.

IF MY MILITARY SERVICE WAS BEFORE 1956, I AM NOT REQUIRED TO MAKE A DEPOSIT TO THE USANAF RETIREMENT PLAN TO RECEIVE SERVICE CREDIT, HOWEVER I MUST PROVE PERIODS OF MILITARY SERVICE THROUGH COMPLETION OF APPROPRIATE FORMS.

9. Are you currently participating in the USANAF Retirement Plan? (Circle One) YES NO		10. Are you a Current Active Army NAF Employee occupying a regular position? YES NO	
Signature of Applicant		Telephone Number including area code, where you can be reached during the day	



ESTIMATED EARNINGS DURING MILITARY SERVICE



INSTRUCTIONS:

SUBMIT THIS FORM TO THE APPROPRIATE MILITARY FINANCE CENTER FOR YOUR BRANCH OF MILITARY SERVICE. IF YOU HAVE SERVICE IN MORE THAN ONE BRANCH OF THE MILITARY, YOU MUST REQUEST EARNINGS FOR EACH PERIOD FROM THE APPROPRIATE BRANCH. ATTACH DD 214 OR EQUIVALENT AND ANY AVAILABLE RECORDS OF PAY OR PROMOTIONS. IF YOU DO NOT HAVE A DD 214 OR EQUIVALENT, OBTAIN A SF 180 (Request Pertaining to Military Records), FROM YOUR PERSONNEL OFFICE AND HAVE YOUR SERVICE VERIFIED BEFORE FORWARDING THIS FORM TO THE PAY CENTER. THE PAY CENTER CANNOT PROVIDE ESTIMATED EARNINGS UNLESS VERIFICATION IS ATTACHED.

TO:	Employee Name (Last, First, Middle)	
	Other Names Used	
	Social Security Number	Date of Birth
	Military Service Number	
	Branch of Service	

The uniformed services must provide estimated pay by Nonappropriated Fund Employees (NAF) for military service after December 31, 1956, for the purpose of making a deposit to the U.S. Army NAF Employee Retirement Plan for retirement service credit. Please provide the estimated basic pay earned by the above named employee. Do not include (combat pay, flight pay etc.)

Signature of Requestor	Relationship to employee	Date
	Employee is requestor	
	Survivor is requestor	
	Other	

Active military service after Dec. 31, 1956 (Dates below must be based on DD 214 or equivalent certification)	TO BE COMPLETED BY AUTHORIZED OFFICIAL
	Estimated Earnings (Base Pay) (Do Not provide estimated earnings for any period of service prior to January 1, 1957)

From (Mo, Day, Yr)	To (Mo, Day, Yr)	From (Mo, Day, Yr)	To (Mo, Day, Yr)	Rate of Basic Pay	Earnings	Type of Discharge
					\$	
					\$	
					\$	
					\$	
					\$	

1. If period of service began before & ended after 12/31/56, enter date service actually began (Mo, Day, Yr)	2. Lost time	Inclusive Dates	From (Mo, Day, Yr)	To (Mo, Day, Yr)	None	
					Number of Days _____	
					From (Mo, Day, Yr)	To (Mo, Day, Yr)

Signature of authorized official furnishing estimate	Date	Telephone Number including area code
------------------------------------------------------	------	--------------------------------------

Typed Name of Authorized Official	Title of Authorized Official
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Return Completed Form to:	
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Name (Last, First, Middle)	Address	Street	City	St	Zip
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ELECTION TO RETAIN NAFI RETIREMENT COVERAGE AS A RESULT OF

**A MOVE FROM A NONAPPROPRIATED FUND POSITION TO A CIVIL SERVICE POSITION
AFTER AUGUST 9, 1996**

PART 1 (to be completed by agency)		I verify that in accordance with 8347 (g) and 8461(n) of title 5, U.S.C., and OPM regulations at 5 CFR 847.205, this employee is eligible to retain coverage in the NAFI retirement plan because he/she--	
Employee's name		(1) has never previously had an opportunity to elect to retain coverage in a NAF retirement plan; (2) has moved, after August 9, 1996 from a NAFI position subject to a NAFI retirement plan to a civil service appointment covered by CSRS or FERS without a break of more than 1 year; and (3) is vested in the NAF retirement plan as of the date of the move.	
Date of Birth	Soc. Sec. No.		
Name of NAF Retirement Plan <i>Army NAF Retirement Plan</i> <i>Army NAF 401(k) Savings Plan</i>			
Due Date: Personnel Office Must Receive Election on or Before		Date Signed	Authorized Signature
		Title	

PART 2: ACKNOWLEDGEMENT OF RECEIPT AND NOTICE OF EFFECT OF FAILURE TO ELECT

I understand that I am eligible to retain retirement coverage in the NAF retirement plan listed above. I acknowledge that the Personnel Office has completed Part 1 of this election form and given it to me on this date. I understand that if I fail to complete Part 3 and return the completed form to the Personnel Office before the close of business on the Due Date (shown in Part 1), I will automatically be considered to have chosen Option 2 in Part 3. I also understand that the option I choose below (or am automatically considered to have chosen), will restrict my retirement plan entitlements for the rest of my Government career and that once I have completed Part 3 and returned this form to the Personnel Office, I can never change this election.

Employee's signature	Date
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PART 3: EMPLOYEE'S ELECTION (Instructions to employee: Sign only the box for the option that you elect.)

OPTION 1: I elect to retain retirement coverage in the NAF retirement plan. I understand that because of this irrevocable decision, I will never be able to earn additional credit under the Civil Service Retirement System (CSRS) or the Federal Employees Retirement System (FERS). I understand that regardless of future moves between NAF and civil service employment in or out of DoD or Coast Guard, breaks in service, and changes in employment or retirement status, my retirement coverage will remain with a NAF retirement plan in accordance with the rules of that plan.

Employee's signature

Date

OPTION 2: I DO NOT ELECT TO RETAIN RETIREMENT COVERAGE IN THE NAF RETIREMENT PLAN. BECAUSE I HAVE MADE THIS DECISION:

- 1) I will enter FERS (or CSRS Offset if appropriate) without receiving any service credit in FERS (or CSRS Offset) for time spent under the NAFi plan.
- 2) I will not be given another opportunity to retain coverage in a NAFI retirement plan, if I ever move from a NAFI position to a civil service appointment in the future. However, if I move back to a NAFI position, I will be subject to the NAFI plan in accordance with its rules
- 3) If in the future I move back to NAF employment, including employment covered by the NAF retirement plan that I am leaving, I will be given a one time opportunity (if I never before have been given the opportunity, and if I have 5 years of creditable civilian service under FERS or CSRS) to elect to retain membership in FERS (or CSRS Offset if appropriate), or to enter the appropriate NAF plan (without transfer of FERS or CSRS Offset service credit).

Employee's signature

Date



Medical Benefits Request

- Complete Sections 2 - 6.
- Sign Section 7 to have benefits paid to your doctor.
- Complete Employee Information on reverse side.
- If you have submitted a request for benefits to another plan, including Medicare, attach a copy of the bills you submitted to the other plan and the explanation of benefits you received from the other plan.
- Attach itemized bills or ask your health care provider to complete the applicable section on the reverse side. The bills must include:
 - patient's name
 - date of service
 - condition being treatedIf this information is missing, write it on the bill and sign your name.

- If prescription drugs are covered under your plan, submit receipts or a Prescription Drug Record form. Receipts must contain:
 - drug name
 - dose per/day
 - charge
 - nature of illness or injuryThis information can be copied from the prescription bottle or box.
- Incomplete forms will delay payment.
- Send the completed benefits request and the bills to:
Aetna U.S. Healthcare
P.O. Box 91555
Arlington, TX 76015-0055

1. Employer Information	Name _____		Department of Defense Nonappropriated Fund Health Benefit Programs		Policy/Group Number 721027
2. Employee Information	Social Security Number ____ - ____ - ____	Name _____	Birthdate (MM/DD/YYYY) _____		
	<input type="checkbox"/> Active Date of Retirement _____	<input type="checkbox"/> Retired _____	Address (include zip code) _____ <input type="checkbox"/> Address is new	Daytime Telephone Number () _____	
3. Patient Information	Social Security Number ____ - ____ - ____	Name _____	Birthdate (MM/DD/YYYY) _____		
	Relationship to Employee <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other		Address (if different from employee) _____		
	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Full Time Student <input type="checkbox"/> No <input type="checkbox"/> Yes	Expected Graduation Date _____	School Name _____	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single
	Is patient employed? <input type="checkbox"/> No <input type="checkbox"/> Yes Date of Retirement _____		Name/Address of Employer _____		
4. Other Coverage Information	Are any family members expenses covered by another group health plan, group pre-payment plan (Blue Cross-Blue Shield, etc.), no fault auto insurance, Medicare or any federal, state or local government plan? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, list policy or contract holder, policy or contract number(s) and name/address of insurance company or administrator: _____		
	Member's Social Security Number ____ - ____ - ____	Member's Name _____		Member's Birthdate (MM/DD/YYYY) _____	
5. Claim Information	If claim is for a laboratory test or doctors office visit, state diagnosis or nature of illness _____		Is claim related to employment? <input type="checkbox"/> No <input type="checkbox"/> Yes		
	Is claim related to an accident? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date _____ time _____ am <input type="checkbox"/> pm		Description of Accident _____		
6. Release	To all providers of health care: You are authorized to provide Aetna Life Insurance Company or one of its affiliated companies ("Aetna"), and any independent claim administrators and consulting health professionals and utilization review organizations with whom Aetna has contracted, information concerning health care advice, treatment or supplies provided the patient (including that relating to mental illness and/or AIDS/ARC/HIV). This information will be used to evaluate claims for benefits. Aetna may provide the employer named above with any benefit calculation used in payment of this claim for the purpose of reviewing the experience and operation of the policy or contract. This authorization is valid for the term of the policy or contract under which a claim has been submitted. I know that I have a right to receive a copy of this authorization upon request and agree that a photographic copy of this authorization is as valid as the original. Patient's or Authorized Person's Signature _____ Date _____				
7. Assigment	I authorize payment of medical benefits to the physician or supplier of service. Patient's or Authorized Person's Signature _____ Date _____				
	For your protection, California law requires notice of the following: Any person who knowingly and with intent to defraud or deceive any insurance company files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime and may be subject to fines, confinement in a state prison, and substantial civil penalties. Many other states have similar laws. Attention Colorado Residents: An insurer or agent who knowingly provides false or misleading information to defraud a claimant regarding insurance proceeds must be reported to the Insurance Division.				

Provider's Statement

Employee Information

Name

Social Security Number

Patient's Name

Patient's Birthdate (MM/DD/YYYY)

Date of Illness (first symptom) or injury (accident) or pregnancy (LMP)

Date first consulted you for this condition

If patient has had similar illness or injury, give dates

If an emergency check here
☐ emergency

Date patient able to return to work

Date of total disability
from through

Date of partial disability
from through

Name of referring physician (e.g., Public Health Agency)

For services related to hospitalization give hospitalization dates
admitted discharged

Name & address of facility where services rendered (if other than home or office)

Diagnosis or nature of illness or injury (please indicate primary and secondary)

1.

2.

3.

4.

Procedures, Medical Services, Supplies Furnished

Date of Service	Place of Service*	Procedure Code Identify**	Description of Service	Type of Service =	Charges	Days or Units	Diagnosis Code ==	Administrative Use Only

Physician's Name & Address (include zip code)

Telephone Number
()

Patient Account Number

Enter the taxpayer identifying number to be used for 1099 reporting purposes. You are required under authority of law to furnish your taxpayer identifying number.

Total charge \$

Amount paid \$

Balance due \$

Physician's or supplier's signature

Date

* Place of Service Codes:

1 - (IH) - Inpatient Hospital

2 - (OH) - Outpatient Hospital

3 - (O) - Office Visit

4 - (H) - Patient Home

5 - - Day Care Facility (PSY)

6 - - Night Care Facility (PSY)

7 - (NH) - Nursing Home

8 - (SNF) - Skilled Nursing Facility

9 - - Ambulance

0 - (OL) - Other Location

A - (IL) - Independent Laboratory

B - - Other Medical Surgical Facility

C - (RTC) - Residential Treatment Center

D - (STF) - Specialized Treatment Facility

= Type of Service Codes:

1 - Medical Care

2 - Surgery

3 - Consultation

4 - Diagnostic X-Ray

5 - Diagnostic Laboratory

6 - Radiation Therapy

7 - Anesthesia

8 - Assistance at Surgery

9 - Other Medical Service

0 - Blood or Packed Red Cells

A - Used DME

M - Alternate Payment for Maintenance Dialysis

Y - Second Opinion on Elective Surgery

Z - Third Opinion on Elective Surgery

** Please Use Current Procedural Terminology Codes For Surgery

== Please Use ICD•9•CM For Discharge Diagnosis